



East Sussex Healthcare
NHS Trust



Annual Report

2023/24



www.esht.nhs.uk



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Welcome from our Chair and Chief Executive

Welcome to the East Sussex Healthcare NHS Trust's Annual Report for 2023/24.

In 2023, we marked a significant milestone in the history of the National Health Service as it celebrated its 75th birthday. It was a momentous occasion that invited reflection on the enduring values, tireless dedication, and transformative impact of the NHS since its inception in 1948.

At East Sussex Healthcare NHS Trust, we are also proud to be part of this ongoing legacy of care, compassion and innovation. Over the past year, amidst ongoing challenges, our trust has been unwavering in our commitment to providing the best possible care to the communities we serve. In August, construction began on a new elective surgical hub at Eastbourne District General Hospital.



The Sussex Surgical Centre is a new, purpose-built surgical building that will provide care for patients from across Sussex. The centre, which is scheduled to open in 2025, will include a preassessment area, four theatres, admission, recovery and discharge space, as well as support facilities, and will eventually operate six days per week.

The newly refurbished cardiac catheterisation lab reopened at Eastbourne DGH in November. Refurbished thanks to a donation of £400,000 from the Friends of Eastbourne DGH, the lab is an important part of the wider ongoing work to transform cardiology services at the trust. Against the backdrop of the NHS's 75th anniversary and the ongoing challenges, the past year has seen some notable achievements for our trust.

Social Media

YouTube: @ESHTNHS | X: @ESHTNHS | Facebook: @ESHTNHS | Instagram: @ESHTNHS

Transformative work was also evident this year when our pathology service became the first in the Sussex Pathology Network to adopt digital pathology - technology where high-quality electronic imaging replaces traditional microscopes to speed up diagnoses and supports collaborative working.

Over the past year, the trust has also strengthened our commitment to our veterans and serving military personnel, gaining both Veteran Accreditation from the Veterans Covenant Healthcare Alliance and a Bronze Award from the Defence Employer Recognition Scheme.

Of course, our focus has continued on the quality and accessibility of healthcare services. In March 2024 we exceeded the 76% target of patients being admitted, transferred or discharged within four hours of arrival to our Emergency Departments.

One of our key objectives this year has been to reduce the number of patients waiting a long time for elective treatment. An incredible amount of work from colleagues across the organisation has ensured significant numbers of long-waiting patients have been treated over the past year, with work continuing to drive wait times down even further.

As we continue to strive to be a great place to work, our latest staff survey results showed an encouraging picture. We've seen significant increases in key areas including colleagues recommending working for the organisation to others, as well as the trust being somewhere they would recommend to family and friends needing treatment. The survey demonstrated we are performing well when compared with the national picture, with staff increasingly feeling supported and engaged.



The past year has also seen the development of our new values: kindness; inclusivity; and integrity; with the work being led by our Partnership Forum - a group of staff representatives from across all areas of the trust. To ensure the views of as many of our colleagues as possible were considered, we undertook a series of face-to-face and online engagement events that involved more than 700 colleagues. The feedback around the new values has been overwhelmingly positive so far but this is just the start - we now begin work on embedding the values in everything we do.

As we reflect on the past year, we are filled with gratitude for the unwavering support, hard work and dedication of our colleagues, volunteers and partners, whose collective efforts have been instrumental in supporting our successes. Throughout this report, we highlight some of the inspiring work taking place across the trust and the difference that work is making to our patients.

We'd also like to thank our League of Friends, whose fundraising efforts year in, year out make a considerable difference to our patients and colleagues. Finally, we also thank our patients, their families and carers - they are at the heart of everything we do and their feedback helps us strive to improve.

Thank you all for your ongoing support.



Steve Phoenix
Chairman

A handwritten signature in black ink that reads "Steve Phoenix".



Joe Chadwick-Bell
Chief Executive

A handwritten signature in black ink that reads "Joe Chadwick-Bell".

Overview and Performance





About the Trust

East Sussex Healthcare NHS Trust provides safe, compassionate and high quality hospital and community care to the half a million people living in East Sussex and those who visit our local area.

We are one of the largest organisations in East Sussex with an annual income of £669 million and we are the only integrated provider of acute and community care in Sussex. Our extensive health services are provided by over 8,700 dedicated members of staff working from two acute hospitals in Hastings and Eastbourne, three community hospitals in Bexhill, Rye and Uckfield, over 100 community sites across East Sussex, and in people's own homes.

In 2020, the Care Quality Commission (CQC) rated us as 'Good' overall, and 'Outstanding' for being Caring and Effective. Conquest Hospital in Hastings and our Community Services were rated 'Outstanding' and Eastbourne District General Hospital was rated 'Good'.

Our two acute hospitals have Emergency Departments and provide 24 hour a day care, offering a comprehensive range of surgical, medical, outpatient and maternity services, supported by a full range of diagnostic and therapy services. Our centre for trauma services and obstetrics is at Conquest Hospital while our centre for urology and stroke services is at Eastbourne District General Hospital.

At Bexhill Hospital we offer a range of outpatients, day surgery, rehabilitation and intermediate care services. At Rye, Winchelsea and District Memorial Hospital we offer outpatients, rehabilitation and intermediate services.



At Uckfield Community Hospital we provide day surgery and outpatient care. We also provide rehabilitation services jointly with East Sussex County Council Adult Social Care.

In the community, we deliver services that focus on people with long term conditions living well outside hospital, through our Integrated Locality Teams working with District and Community Nursing teams. Community members of staff also provide care to patients in their homes and from a number of clinics, health centres and GP surgeries.

To provide many of these services we work in partnership with East Sussex County Council and other providers across Sussex, as part of a locally focused and integrated health and social care network. We aspire to provide locally-based and accessible services that are outstanding and always improving and our values shape our everyday work. Working together we drive improvements to care, services and the experience of local people and members of staff.



Building work started on the new Sussex surgical centre

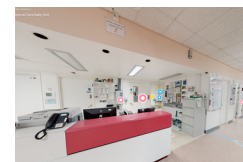
In August 2023, construction began on a new elective surgical centre at Eastbourne District General Hospital. The Sussex Surgical Centre is a new, purpose-built surgical building that will provide care for patients from across East Sussex.

The Centre will include a pre-assessment area, four theatres, admission, recovery and discharge space as well as support facilities and will eventually operate six days per week. As well as the bricks and mortar of the new building, surgical staff at the trust have been developing a new model of care that will see more patients seen, treated and discharged more quickly. The Centre is scheduled to open in 2025.



BUILDING WORK

Highlights of the year 2023/24



3-D tours

Three-dimensional online tours of the trust's Special Care Baby Unit.

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Armed Forces

We strengthened our commitment to our Armed Forces Community, gaining Veterans accreditation and the Silver ERS award.

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Celebrating Awards

Our organisation is privileged to employ teams and individuals whose expertise and dedication has been recognised with awards from healthcare leaders and professional bodies.

Leading the way in digital pathology

We are one of the first trusts in the South East to introduce Digital Pathology into our laboratories. Digital pathology is a major new innovation within the Cellular Pathology field, and an emerging technology that builds on over 100 years of histological techniques to create digitized images of histological glass slides, which, traditionally, had to be viewed using a microscope.

Jonathan Burgess, Advanced Clinical Practitioner said: "We are now able to reproduce high resolution images of comparable quality to those seen down the microscope. We do this through the use of digital slide scanners, and the deployment of the SPECTRA Picture Archiving and Communication System (PACS) as used by Radiology. The digitized images allow for faster diagnosis as we have removed the need to physically transport glass slides to pathologists. It also has additional benefits of giving us the option to work remotely to aid clinical staff recruitment and retention, and the opportunity to use artificial intelligence to aid diagnosis, ensuring high quality reports to aid patient treatment. "We are proud to be the first laboratory in the Sussex Pathology Network (SPN) to achieve this, and also one of the first in the region."





Celebrating Awards

HSJ Partnership Awards

Congratulations this year to our Speech and Language Therapy Team, who won the Patient Safety Collaboration Award at the HSJ Partnership Awards.



Celebrating Awards

The Queen's Nursing Institute

Samantha Smith, received the title of Queen's Nurse from the Queen's Nursing Institute.

The Trust joined in celebrating the NHS's 75th anniversary



In 2023 we marked 75 years of the NHS, and we were honoured that a number of our staff were selected to participate in the national celebrations in London. Brenda Lynes, Director of Midwifery, and Alison Newby, Head of Midwifery, were invited to attend a reception for NHS Champions at No.10 Downing Street, along with Caroline Ansell MP. The event was hosted by the Secretary of State for Health and Social Care, Steve Barclay. In addition, a service was held at West-

minster Abbey to celebrate the 75th anniversary of the NHS. The Duke and Duchess of Edinburgh attended the event, which was led by the Dean of Westminster, the Very Reverend Dr David Hoyle. Charlie Gepilga, Uro-oncology Cancer Support Worker, Beata Nagy, Housekeeper, Michelle Bridger, Professional Nurse Advocate, Debbie Discala – 2WW Colorectal Faster Diagnosis Nurse and Iwona Ward, Pharmacy Lead for Stroke, all attended the event.



NHS's 75th anniversary - King Charles III



A Touch of Gentleness in critical care



psychological impact.

Therapeutic hand massage has been shown to reduce anxiety and promote calmness, help lessen pain and promote sleep, which improves patients' physiological and psychological well-being and aids in their recovery.

Trust critical care nurse Carmen Diaz recently partnered up with the charity Touch of Gentleness to provide hand massages to patients on the critical care unit at Conquest Hospital.

Patients who are cared for by our critical care unit are some of our most unwell who need continually care, and their physical injuries and illnesses can also have a significant

Transformed 'cardiac cath lab' reopens at Eastbourne DGH



The newly refurbished cardiac catheterisation lab reopened at Eastbourne DGH in November 2023. The lab, was refurbished thanks to a donation of £400,000 from the Friends of Eastbourne DGH, is a specialised theatre area where the diagnosis and treatment for certain heart problems, such as narrow arteries or irregular heartbeats are carried out. The refurbishment of the lab is an important part of the wider ongoing work to transform cardiology services at the trust.

Conquest maternity mural unveiled

In June we unveiled a beautiful mural that was hand painted on the wall at the entrance lobby to the maternity unit at Conquest Hospital. The brightly coloured mural, which depicts a beach scene, has been painted by the Darvell community, who are located near Robertsbridge.



MURAL



Celebrating Awards

NHS England Award

Clinical support worker Charlie Gepilga, received a Chief Nursing Officer Support Worker Award from NHS England.



Celebrating Awards

British Academy of Audiology

Trust audiologist Rachel Crum, was named British Audiology Student of the Year.

Tuesday 10 September 2024

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Research success for AI in healthcare

This year the trust passed our two thousandth patient milestone for recruiting volunteers for the MIDI study, a national research programme to develop an AI tool to identify brain abnormalities and injuries.

The trust has recruited the third most volunteers from all participating trusts across the country.



New therapy garden and 'sowing room' opens

With the support of staff fundraising efforts and the ongoing generosity of The Friends of Eastbourne Hospital, our occupational therapy team have been able to create a peaceful space for patients and colleagues to enjoy. The garden is full of beautiful plants and flowers, seating areas and the 'sowing room' – a dedicated treatment area used by our occupational therapy team which opens out into the garden.



New 3-D virtual tour of our Special Care Baby Unit for parents

Three-dimensional online tours of the trust's Special Care Baby Unit are now available online. Working with the Kent, Surrey and Sussex Neonatal Network, the unit was filmed by a special 3-D camera and a full walk-through from the main entrance of Conquest Hospital to the entrance and through the unit can now be seen on the trust's website.

The work was completed to support parents whose child may be or have been admitted to SCBU to help familiarise them with the unit and reduce their stress and anxiety at a difficult time.



Link to virtual tour - www.esht.nhs.uk/scbu/

Friends upgrading courtyards at Conquest

The newly refurbished courtyard at the special care baby unit at Conquest Hospital, has officially been opened by Vice Lord-Lieutenant Mr Graham Peters.

The courtyard was designed by John Wright in memory of his late partner Bayley John Carter, with plants in a theme of blue as a tribute to his favourite colour. The work was completed with the help and support of local businesses and our gardening team headed by Andrew Hawkins and the Conquest Friends' gardening volunteers. The special care baby unit team were actively involved in the fundraising efforts.

During the event, Friends of Conquest Hospital Chair, Sarah Kowitz DL, gave a speech of thanks for all of those involved with this project before special guest Vice Lord-Lieutenant Mr Graham Peters officially opened the courtyard and cut the ribbon.



The reinvention of the Endoscopy courtyard was supported by Fresh Visions, which is the charitable arm of Southern Housing. Annette Jones of Fresh Vision worked to secure donations from local businesses to support the project by providing materials or their time, including Colours Decorating Ltd, Booker and Best, European Asbestos, Parkers Building Supplies, B&Q and Tesco, as well as 11 enthusiastic volunteers.

The team transformed the once dreary courtyard into an inviting place to spend time. This courtyard can be used by staff from the endoscopy unit, providing a quiet and relaxing space to take a break, and Matron Myra Mendoza says that they are already making good use of the space. The staff of the unit have also been fundraising themselves to help finance the installation of French doors leading directly from the unit into the courtyard.

The courtyards form part of the Conquest 21 project by the Friends of Conquest Hospital to reinvent the 21 courtyards in the hospital. Funds are still being raised for this project with courtyards still to be completed.

For more information visit www.conquestfriends.co.uk



Celebrating Awards

National Joint Registry

Our Trauma and Orthopaedics team, were named a Quality Data Provider by the National Joint Registry.



Celebrating Awards

Parking award

Our Parking team, was awarded the 'Park Mark' award as part of the Safer Parking Scheme.

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Urology success at Eastbourne DGH

Urology has reached a fantastic milestone

In October our urology team at Eastbourne DGH reached the fantastic milestone of having performed 2,000 operations by robot. A robot has been used by the team since 2015, and is now used every day for procedures such as bladder, prostate and kidney cancer operations – where the fine control that

the robot gives our clinicians means safer operations with quicker recovery and a reduced risk of complications. The skills developed by our urology team in using the robot for prostatectomies has meant that, last summer, they were able to set up a new pathway where a patient can be checked in, have their procedure, have their immediate observations and discharged within the space of one single day – allowing them to recover in the peace and comfort of their own home.



DA VINCI

Da Vinci robot - Performing 2,000 operations

Partnership Forum celebrates first year

The trust's Partnership Forum marked its first anniversary, celebrating a year of bringing colleagues together from across the trust. Drawn from a range of clinical and support services across our sites, the members provide insight and suggestions into how we can continue to improve the care that we provide, as well as make our organisation a better place to work.

Projects this year have included developing the trust's new values; strengthening our electronic systems; improving productivity across the organisation; and supporting staff retention.

PARTNERSHIP FORUM



Supporting and remembering our Armed Forces

As part of our work to strengthen our organisation's commitment to the care and support of armed forces personnel, veterans and their families, our Chief Executive, Joe Chadwick-Bell, signed the Armed Forces Covenant.

The Armed Forces Covenant is a pledge, made by organisations across the country including NHS organisations, to actively ensure that past and currently serving armed forces personnel and their loved ones are not in any way disadvantaged because of their service.

As an organisation that has signed the Armed Forces Covenant, we have committed to ensuring that those who have served, as well as those who continue to serve in the armed forces reserves, are fully supported in joining and working at the trust.



Setting the pace

Our cardiology team has taken a monumental stride in cardiac care with the introduction of a cutting-edge Conduction System Pacemaker, a technology only available in 10% of medical units nationwide. With its intricate design and advanced functionalities, this device will deliver improved outcomes and enhanced quality of life for individuals grappling with cardiac conditions.

Celebrating Awards

Our Equality, Diversity and Inclusion Lead Sarah Feather, won a Diversity in Health and Care Partners Programme award from NHS Employers.

In the last year...



2,749 babies
were born in our
hospitals



Our emergency
departments
had nearly
160,000
attendances



We received
21,800 cancer
referrals

We prepared
1,109,000 patient
meals across our
four main hospital
sites



Over 41,000 referrals
were made to
community nursing
- 96% were seen
within 24 hours



Nearly 56,000 people
had planned surgery

There were over
470,000 outpatient
appointments



We recycled
140 tonnes of
cardboard and
87 tonnes of
scrap metal



Our Strategy

In 2021, we published a five year strategic plan called “Better Care Together for East Sussex” which set out our vision and how we wanted to improve services by working effectively with system partners, supporting our colleagues and enabling our residents to access the right care in the right place.

That plan was built on four strategic aims that we believe are key to delivering the vision and goals of the trust:

Improving
the health of
communities

Collaborating to
deliver care better

Empowering our
people

Ensuring innovative
and sustainable care



Improving the health of our communities

- Outside our hospitals, our community based teams have had some great successes this year: our virtual ward is now very well utilised and had a very positive GIRFT review; and our Urgent Community Response team substantially exceed its two hour response targets. We are also piloting new, more integrated approaches, working with the South East Coast Ambulance service, to respond to urgent calls for help more rapidly.
- We have been successful in reducing the number of people waiting too long for planned care interventions (almost reducing the number of people waiting over 65 weeks to zero), reinvigorated our day surgical programme and made good progress in improving the speed of access to urgent care (meeting the 76% four hour target set by NHS England in March 2024).
- In addition, we successfully developed the business case for the Sussex Surgical Centre at Eastbourne District General Hospital and broke ground in August; the new centre is expected to open in 2025. We also implemented a large scale ‘Community Diagnostic Centre’ in Bexhill which has become very popular with our patients.



Collaborating to deliver better care

- We continue to build collaborative arrangements across East Sussex, working together with system partners to co-develop joint health and social care priorities. We have extended that collaboration by working closely with NHS Sussex on the development of Provider Collaboratives – which we expect to begin to have an impact in 2024/25 – and agreeing their initial set of priorities (i.e. developing integrated community teams and ways to improve access to planned care capacity collectively).
- We continue to play a key role in the Sussex Pathology Network which is now implementing the Laboratory Information Management System it procured last year, has implemented Digital Pathology capability and has completed the case for a joint managed service contract. We are also keenly involved in the newer and developing Radiology Network, which has begun to develop the capability to share image content so we can maximise the network's radiologist and reporting capability.
- As well as collaborating on service improvement, we work very closely with other critical programmes across Sussex, including digital programmes and workforce development priorities. We have also seen early progress made as a system in developing meaningful ways to share information with each other (when it helps us care for patients and people in our communities and is within information governance rules) by working well with NHS Sussex's 'Our Care Connect' programme.
- We also took the first steps in the development of 'Integrated Community Teams', joining system partners in the Hastings 'FrontRunner' project; and we are beginning to test new ways of joining up services across acute, community and primary care to support people who live with a higher degree of frailty.



Empowering our people

- We continue to focus on keeping our people safe, healthy and well. We are doing this by increasing our capacity to deliver both psychological and wellbeing support and we are committed to deliver the Sexual Safety in the Workplace Charter
- In partnership with university and college partners we have developed new educational programmes to ensure our people have the skills and experience to deliver the best possible patient care.
- We asked our Staff Partnership Forum to review the trust values. Forum partners from all divisions of the trust worked together to identify three key words. More than 700 colleagues attended numerous engagement events in July and August 2023, led by the Chief Executive. After a lot of discussion and feedback, the words which received the most support and were agreed to embody the trust's values were kindness, inclusivity and integrity.
- We have re-designed and developed our recruitment material to attract new people to join our trust. Successful campaigns have reduced our vacancy rate from 9% in February 2023 to 4.5% in February 2024. Alongside this, we have held 'Big Conversations' with our people to understand why they would consider leaving the trust, and how we can create a flexible environment in which our people can grow and develop. During this year, our retention rates have improved to levels seen pre-pandemic.

Staff Stories

A special edition from our Community Paediatrics team

Last year, our clinical psychologists in our Community Paediatrics team were selected as guest editors for the British Psychological Society flagship magazine, 'The Psychologist'.

Aishling Dempsey (Assistant Clinical Psychologist) and Dr Anita Marsden (Lead Clinical Psychologist) explained the process of putting together the magazine.

"Our former colleague, Dr Sarah Glew (clinical psychologist) drafted a proposal back to the Society based on the work we had done together in community paediatrics. She gathered our wonderful co-collaborator, Jennifer Law (expert by experience, educator and advocate) then the four of us sat down and thought about what we would like our edition to look like.



"We quickly realised as four white, cis-gender, heteronormative females we needed more representation. So we reached out to Kyah Sisulu, a clinical psychologist in training and mixed black British queer woman to join us.

"We all have lived experience of neurodivergence, both personally and professionally and have a passion for wanting to explore what it means to be neurodivergent today.

"The editor of the magazine, John Sutton, was so trusting of us and our expertise and allowed us to produce the edition that we really wanted to. We made a 'wish list' of contributors, advocates and professionals from all over the world - we wanted as diverse a group of voices as we could get, from research, academia and wide range of psychological fields, such as educational, occupational and forensics.

"We had so much freedom and handpicked almost everything that went into the magazine, even down the book reviews, and added a glossary of words for the preferred language for those who are neurodivergent.

"Our edition is also beautifully illustrated, and we were supported by the magazine to commission all the artwork for the edition from Project Artworks, a collective of neurodivergent artists in Hastings.

"The final product is such an accurate representation of our vision for the magazine, and there are some really challenging messages in there, but we have had such amazing feedback since it has been published. We are all so proud of what we have produced and feel validated in the messages we are trying to get out there about what is like to be neurodivergent in 2024!"

Ensuring Innovative and sustainable care

- We have continued to build on some of the innovations from last year, such as implementing digital pathology and rolling out our electronic pharmacy management system, new test ordering system.
- We have also focused on understanding how to derive the most benefit from being an integrated organisation to develop more sustainable service models. The success of our virtual ward service (which is now very well utilized with 56 virtual 'beds'), our HomeFirst pilot, our 'Frailty Enhanced Discharge' pilot and our nationally recognised work on rehabilitation service models are being brought into a new programme of work designed to optimise and showcase the 'art of the possible' as an integrated acute and community provider – which will see more integrated delivery of care, closer to where people live and in more appropriate locations in the coming years.
- In terms of environmental sustainability – we are now benefiting from the investment in the solar farm on the Eastbourne staff Car park, the air source heat pumps and the completed insulation fascia at Eastbourne hospital, leading the way nationally on aspects of the net zero NHS journey.



Refreshing our Vision

Whilst the central principles and ambition of “Better Care Together for East Sussex” still apply, a lot has changed in the three years since we developed it. We therefore refreshed our trust Vision in 2023/24 and we will, during the course of 2024/25, be reshaping and republishing our trust strategy to achieve that refreshed vision.

We need to refresh the strategy for three main reasons:

1. Since developing “Better Care Together for East Sussex” our system has changed significantly:

- Our Integrated Care System (“ICS”), the Sussex Health and Care Partnership, and our Integrated Care Board (NHS Sussex) now represent the formal structure for commissioning and regulating services in our local system. Our ICS has developed and approved its joint strategy and a Shared Delivery Plan (also called a Joint Forward Plan in some systems) to deliver that strategy.
- Going forward the changes mean that the ICB will shift toward a ‘strategic commissioning’ role and we, as in all ICBs, will form ‘Provider Collaboratives’ governed through a joint provider Committee-in-Common that will drive forward the objectives of our Integrated Care System’s Shared Delivery Plan and identify and deliver what benefits we can achieve by working as an integrated system.
- Within that structure we will also continue to have our Place-Based partnerships (our ‘Place’ is East Sussex) and they will deliver the strategic objectives of our East Sussex Health and Wellbeing Board and will drive forward the development of what we call Integrated Community Teams (ICTs) (also called Integrated Neighbourhood Teams in other systems). The purpose of ICTs is to help join up care across different agencies in local areas to improve how services are delivered, benefit the population more easily, make better use of public resources, use what local assets and resources exist and address determinants of inequalities. In short – ICTs will make it much easier for our colleagues to work together

Staff Stories

A touch of gentleness in critical care

At the beginning of last year, critical care nurse Carmen Diaz saw an advertisement from the charity Touch of Gentleness, which trains volunteers to give therapeutic hand massages. They go into care homes and addiction recovery centres to provide hand and foot massages for people who wouldn't normally get to experience them.

It occurred to Carmen that massage could be beneficial to her patients on the critical care unit at Conquest Hospital. Carmen contacted Helen Prosper, who leads Touch of Gentleness, and she thought providing hand massages in the unit was a great idea.

"Our critical care patients experience high levels of physiological and psychological stress due to pain, mechanical ventilation and anxiety, as well as feeling powerless from being socially and physically disconnected" explains Carmen "There have been numerous studies showing the benefits of a therapeutic hand massage and how it can reduce anxiety and promote calmness, help lessen pain and promote sleep and even reduce heart rate and blood pressure. All these factors can go towards improving the patient's physiological and psychological wellbeing and aid in their recovery.



"We offer arm and hand massages (and sometimes back and feet, when time allows), to help alleviate their pain, promote calmness and aid a good night's sleep. Besides the health benefits, giving a therapeutic hand massage to our critically ill patients is a way of connecting with them, and letting them know that they are valued, safe and special.

"So far we have provided two hand massage workshops for colleagues, and we are organising a third one soon. We are so pleased to now have a team of 20 critical care nurses, including critical care technicians, who are able to provide therapeutic hand massages to our critically ill patients.

"This initiative has been going since last summer and we have received really positive feedback, with patients saying 'it made me feel human and safe', 'it really makes a difference' and 'it gave me the boost I needed'".

For Valentine's Day last week, Karl Pasamanero, staff nurse, arranged a session for colleagues at Conquest to drop-in for free hand massages. Karl said: "The Touch of Gentleness project has been wonderful for our patients in intensive care so we wanted to bring more awareness of its benefits by offering free massages for staff. Our jobs can get stressful sometimes and it is so nice to be able to give back and show each other some care."

2. Our challenges have also evolved this year. We have three critical challenges we must address in the near term to improve services and move toward our new vision:

- **People are waiting too long to get necessary or effective interventions**

This is probably the biggest detriment to quality of care in our system alongside people spending too long in hospital beds when having support at home would be much better and prevent deterioration

- **Our people need to feel engaged and supported**

The challenges we are facing could put a strain on our people and our culture if we cannot embed our values, sustain positive engagement and make sure everyone is pulling in the right direction

- **We are not using our resources as effectively as we could and our financial position is unsustainable**

We have an unaffordable healthcare system and whilst our activity has increased, as has our income, we are less productive than we were in 2019/20 and the NHS system as a whole is facing significant medium-term financial pressure



3. We are initiating a Continuous Quality Improvement Programme at the trust (which we will call 'Brilliant Basics'):

- Quality Improvement/Continuous Improvement is recognised as a powerful way to improve staff engagement and improve services. NHS Impact assessed, with academic support, the key success factors in organisations who deliver CQI programmes sustainably and effectively. We are developing a programme that builds on those five success factors. The programme is in its early stages but one key element is articulating the trust vision and goals in a way that is easily accessible and the refreshed Vision using 'Quality, People and Sustainability' as core elements will help us do that.

Our refreshed Vision is described using three simple components and going forward we will use the same components to frame our goals, priorities and annual objectives:

"High quality care and experience for our patients, colleagues and communities"





Our New Values



This past year has seen us undertake work to develop and then engage colleagues on our new trust values.

Our previous values had been used for a decade, and when the Partnership Forum, a group of staff representatives from across all areas of the trust, was formed in 2022, they were asked to review the values and understand if they were still fit for purpose.

It was agreed they needed refreshing, with the new values needing to reflect who we are, how we work and what we believe in as a trust.

Forum partners from all divisions of the trust worked together to identify three key words, then more than 700 colleagues attended numerous engagement events in July and August to gain their views.

The forum shared the words with the trust leadership team. After a lot of discussion and feedback, the words which received the most support were kindness, inclusivity and integrity.

These were then shared with Healthwatch, our patients and volunteers.

The values were launched across the organisation with a host of activities engaging colleagues across the trust, at both community and acute sites. We introduced the new values, their meanings and the behaviours that underpin them, and the response was overwhelmingly positive.



However, it's really important that this isn't an initial flurry of excitement and then nothing more – these need to be embedded in everything we do in our organisation. There is lots of positive feedback to build on, and we are committed to making sure our values work is at the heart of our trust objectives for the coming year.

A working group will manage the continued embedding of the values over the coming year, which will see them being woven into every aspect of working life at the trust.





Kindness means treating others how you want to be treated and caring enough to get it right. It's the small acts of kindness - both to patients and each other - that make everyone's experience better.

- Treating others as you would wish to be treated
- Being kind to yourself, colleagues and our patients and their loved ones
- Choosing to react in a kind way and being open and friendly
- Being considerate of other people as individuals
- Showing empathy for patients and colleagues



Inclusivity involves embracing differences and working together as a team. It's fundamental to providing the best care for our patients so we can make the trust a supportive workplace where everyone is welcomed and feels involved.

- Working together collaboratively across all areas of the trust
- Involving patients and carers in decisions about their care
- Being part of a supportive workplace where we can all be ourselves
- Valuing that everyone has something different to bring to our trust
- Showing respect to everyone - consistently and without prejudice



Integrity is saying and doing the right thing, in the right way, for the right reasons. We should all come to work each day with the intention of giving the best of ourselves and doing the best for our patients, colleagues and the trust.

- Understanding what's acceptable and what's not - and speaking up when something's not right
- Being committed to doing what you say you will do
- Being honest and accountable for your actions
- Being mindful of resources and how they can be used as effectively as possible
- Striving to be the best you can be

Staff Stories

Opening of Therapy garden and 'sowing room'

With the support of staff fundraising efforts and the ongoing generosity of The Friends of Eastbourne Hospital, our occupational therapy team has been able to create a peaceful space for patients and colleagues to enjoy. The therapy garden is full of beautiful plants and flowers, seating areas and the 'sowing room' – a dedicated treatment area which opens out into the garden.



The therapy garden aims to enable people to experience the different gifts the space has offer. By the end of your visit to the garden, you will hopefully have a greater awareness of how occupational therapists can use therapeutic horticulture as part of their assessment and interventions.

Emma Callaghan, Occupational Therapist, said: "The garden has been designed from a research evidence base, utilising the restorative effects of nature and the outdoors to support patient wellbeing. We encourage visitors to take a sensory approach and smell, taste and touch the plants growing in the assorted pots and trugs.

"We hope that patients who visit the garden will reminisce and reflect, rather than focus on the illness that has brought them into hospital. Our garden is somewhere for visiting with family and friends, or for quiet time away from the bustle of the wards. There is seating within the garden and ramp access for wheelchairs and beds to make the space accessible to all."





To celebrate the opening of the 'sowing room', a two-day garden open event was held to promote the therapy garden. There was a great turn out, with lots of colleagues and patients popping in, enjoying mocktails with mint picked from the garden, rose-flavoured biscuits and Tisane teas made from rosemary and lemon balm.





In order to be accessible for those not well enough to visit in person, the team have also created a virtual tour of the garden. "We hope that patients who can't get to the garden right now can watch our video, with the goal of visiting the space in person during their stay," said Emma.

Principal Risks to our Strategy and Objectives

The Board considers and agrees its principal risks on a quarterly basis via the Board Assurance Framework. These risks are monitored by the Committees of the Board and are presented at Board meetings in public. Enhanced details about the top risks the organisation faces are provided within the Annual Governance Statement section of this annual report.

The following table shows East Sussex Healthcare NHS Trust's 2023/24 strategic risks taken from our Board Assurance Framework, along with the movement of the total residual risk scores following mitigating actions during the year.

BAF Ref	RISK SUMMARY	Monitoring Committee	Strategic Aims Impacted				Inherent Risk	Current position (Residual risk)			
								2023/24			
								Q1	Q2	Q3	Q4
1	Capacity constraints associated with supporting the collaborative infrastructure	Strat	X			X	9	6	6	6	6
2	Failure to attract, develop and retain a workforce that delivers the right care in the right place at the right time.	POD		X	X	X	15	15	15	15	15
3	Decline in staff welfare, morale and engagement impacts on activity levels and standards of care.	POD		X	X	X	20	16	16	16	16
4	Failure to deliver income levels/manage cost/expenditure impacts savings delivery	F&P			X	X	20	12	12	20	20
5	The trust's aging estate and capital allowance limits the way in which services and equipment can be provided in a safe manner for patients and staff	F&P		X	X	X	20	16	16	16	16
6	Vulnerability of IT network and infrastructure to prolonged outage and wider cyberattack	Audit	X	X	X	X	16	16	12	12	12
7	Failure to develop business intelligence weakens insightful and timely analysis to support decisions	F&P			X	X	16	16	16	16	16
8	Failure to transform digitally and deliver associated improvements to patient care	F&P			X	X	16	12	12	12	8

BAF Ref	RISK SUMMARY	Monitoring Committee	Strategic Aims Impacted				Inherent Risk	Current position (Residual risk)			
								2023/24			
								Q1	Q2	Q3	Q4
9	Failure to maintain focus on improvement	Strat		X		X	16	16	16	12	12
10	Risk of not being able to maintain delivery of safe, high quality effective care due to significant numbers of patients that are discharge ready with an extended length of stay	Q&S	X	X	X	X	20	16	16	16	16
11	Failure to demonstrate fair and equal access to our services	Strat	X			X	15	9	9	9	9
12	Failure to meet the four-hour standard	Q&S	X	X	X	X	20	16	16	16	16

The risk scores are formed based on the 'likelihood' multiplied by the 'consequence' rating as follows:

		CONSEQUENCES / IMPACT				
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
LIKELIHOOD	Certain (5)	5	10	15	20	25
	High probability (4)	4	8	12	16	20
	Possible (3)	3	6	9	12	15
	Unlikely (2)	2	4	6	8	10
	Rare (1)	1	2	3	4	5

Low
1 – 3

Moderate
4 – 6

High
8 – 12

Extreme
15 – 25

Acting on patient feedback: patient experience

Number of compliments/plaudits

Plaudits and compliments are received in the form of letters, cards or emails addressed directly to the clinical services. These can be submitted via a patient or carer completing a Friends and Family Test (FFT).

Metric	2021/22	2022/23	2023/24
All Compliments	23,105	19,866	26,112
Compliments from FFT feedback	21,534	18,807	24,729
Compliments from thank you cards/emails	1,521	1,058	1,060
4 and 5 star reviews (NHS website)	50	78	72
4 and 5 star reviews (Healthwatch East Sussex website)	-	-	11

Please note that data from reviews left on the Healthwatch East Sussex website was not collected prior to 2023/24.

To ensure our services meet the needs of patients and their families, the Quality and Safety Committee receives a regular report triangulating learning from several sources of feedback. As a learning organisation, themes and trends are identified with associated actions, leading to changes in practice and improvements in patient experience.

Number of complaints

The trust received 400 complaints in 2023/24; 436 complaints were received in 2022/23.

Complaints response rates

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, state that complaints should be responded to within 6 months (commencing on the day on which the complaint was received). ESHT responded to all complaints within 6 months. From November 2023, the trust moved to one response timeframe which was to respond to all complaints within 60 working days; this is an internally set target and is comparable with other NHS organisations.

Throughout the year, monitoring takes place to analyse where any delays occur in responding to complaints. This is often due to operational pressures within clinical divisions impacting staff ability to investigate and respond to a complaint. Overall, the complaints response rate for 2023/24 was 52% within 60 days, a 15% improvement compared to the 37% complaint response rate seen in 2022/23.

100% complaints were acknowledged within three working days this year.

	Responded within		
	35 working days	50 working days	60 working days
Apr 23	58%	0%	
May 23	63%	13%	
Jun 23	64%	43%	
Jul 23	58%	N/A*	
Aug 23	37%	0%	
Sep 23	29%	27%	
Oct 23	56%	30%	
Nov 23	48%	29%	100%
Dec 23	48%	25%	100%
Jan 24	43%		78%
Feb 24			62%
Mar 24			61%
Overall 2022/23	38%	23%	
Overall 2023/24	42%	17%	52%

*No 50 day complaints were due in July

Staff Stories

Celebrating NHS75 at 10 Downing Street and Westminster Abbey

During the celebrations for the 75th birthday of the NHS, some of our colleagues had the honour of being invited to events at 10 Downing Street and Westminster Abbey.

Brenda Lynes, Director of Midwifery, and Alison Newby, Head of Midwifery, were invited to attend a reception for NHS Champions at No.10 Downing Street, along with Caroline Ansell MP. The event was hosted by the Secretary of State for Health and Social Care, Steve Barclay.

Alison and Brenda were delighted to attend the event to represent the trust's maternity services and to celebrate our role in the NHS's pledge to provide free care from 'cradle to grave'.

A service was held at Westminster Abbey to celebrate the 75th anniversary of the NHS. The Duke and Duchess of Edinburgh attended the event, which was led by the Dean of Westminster, the Very Reverend Dr David Hoyle. An address was given by Amanda Pritchard, Chief Executive of NHS England, who said:

"We come together today not to celebrate an idea, but to celebrate all those who have breathed life into it, who have made it mean something real to tens of millions of people over three quarters of a century, and who continue to give us hope for the future."



Charlie Gepilga, Uro-oncology Cancer Support Worker, Beata Nagy, Housekeeper, Michelle Bridger, Professional Nurse Advocate, Debbie Discala – 2WW Colorectal Faster Diagnosis Nurse and Iwona Ward, Pharmacy Lead for Stroke, were all invited to attend the event. We asked them for some words on their experience of the day:

"It is an honour to be part of an organisation that prioritises compassion, excellence, integrity, and teamwork in providing exceptional healthcare services to our

community. We are dedicated to embodying these values in our daily work, ensuring that every patient receives the highest standard of care and support. Together, we strive to make a positive difference in the lives of those we serve, fostering a culture of empathy and collaboration."

"It was a once in a lifetime experience and achievement to be put forward to attend the service. There were so many passionate and caring employees from across the country. I could not be prouder and luckier to bear witness to the greatness of the NHS in our daily lives for being one of over 1.4 million devoted employees, all doing our absolute best to cater for our patients and their family needs with dedication and compassion."

Public Engagement

As an NHS trust we will only achieve our vision by working in collaboration with the people and communities who receive our care. Engaging and involving our patients and the public helps us to understand their experiences and will support us to improve our organisation, the clinical care we provide and their own experience in hospital and community settings.

The Sussex ICS is, '[Working with People and Communities Strategy](#)' was published in July 2022 and sets out the goals, principles, approaches, methods, governance and reporting structure, and immediate priorities for how the ICS will work with people and communities. It aims to provide a framework that will enable the ICS to sustain and improve existing, and develop new and different, ways of working with people and communities.

In the past year, as a trust we held our Board Meetings in public in community venues across East Sussex. We invite members of the public to attend these meetings allowing them to ask questions of the Board. We also held our 2022/23 Annual General Meeting in public at St Mark's Church Hall in Bexhill-on-Sea, which was attended by colleagues, stakeholders and members of the public. We reviewed our year, highlighting the work of colleagues and developments over the past year.

The trust is also actively engaged with social media and the number of people following our official accounts rose over the last year across all channels. There are more than 5,963 followers on Facebook, 6,225 on LinkedIn, 15,642 on X (Twitter), 714 on Instagram (which we launched onto this year) and 830 subscribers on YouTube, which enables us to create regular two-way communication with patients, staff, clinicians and interested members of the public.

Summary of Performance

Operational performance is measured against key access targets and outcome objectives set out in the NHS Oversight Framework:

- A&E standard: A&E maximum waiting time of four hours from arrival to admission, transfer or discharge
- RTT Standard: Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate
- Cancer standard: All cancers - maximum 62-day wait for first treatment from urgent GP referral for suspected cancer or NHS cancer screening service referrals.

Indicator	Detail (national standard)	2022/23	2023/24
Standards	Four hour A&E (95% target)	67.91%	73.18%
	RTT (92% target)	57.35%	51.15%
	Cancer 28 Day General FDS (75% target)	72.63%	75.00%
	Cancer 62 Day General Treatment Standard (85% target)	70.37%	61.29%
	Diagnostics (99% target)	83.85%	87.15%
Length of Stay	Acute elective (days)	2.87	2.64
	Non-elective (days)	5.07	4.47
	Bexhill (days)	43.90	42.07
	Rye (days)	34.27	31.63
Community (seen within 13 weeks)	Podiatry	69.01%	64.20%
	Dietetics	74.46%	69.38%
	Speech and Language	66.44%	83.08%
	Neurological physiotherapy (all sites)	68.22%	58.12%
	MSK Hastings and Rother	74.42%	82.69%
	MSK Total (all sites)	74.68%	79.50%
	MSK Triage (all sites)	89.25%	92.21%
Community nursing (District Nursing)	2 Hours	78.68%	76.09%
	24 Hours	96.34%	96.52%
	48 Hours	98.01%	97.15%
	Routine	93.36%	91.39%
Urgent Community Response (inc INS)	2 hour - Rapid Response (70% target)	72.71%	81.03%
	24 hours	76.23%	69.71%

Emergency Department (A&E) intermediary threshold target of 76% by March 2024 standard:

76% of patients attending the Emergency Departments at either Conquest Hospital or Eastbourne DGH should have a maximum waiting time of four hours from arrival to admission, transfer or discharge.

During 2023/24, the trust's aggregated performance was 73.18% of patients who attended our Emergency Departments and were seen within four hours. The trust did achieve the year end objective of 76% in March 2024 by achieving 79%.

We saw an increase in attendances in comparison to the previous year, and in the acuity and complexity of patients presenting to our Emergency Departments. Emergency Department attendances increased by 4.9% in 2023/24 compared to the previous year.

The trust relies on health and social care to support timely discharge for patients who are medically fit but may need additional support in returning to their home or to another care setting. The availability of social care beds reduced during 2023/24 and has impacted on our ability to discharge patients. Our bed occupancy has remained above 95% throughout the year, and at times patient flow through the hospital has become compromised and this has impacted on length of stay.

Referral To Treatment standard:

Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate

In 2023/24 the trust delivered 53% of RTT pathways within the 18 week standard.

In 2023/24 the trust achieved 51.15% against the RTT standard of 92% pathways treated within 18 weeks, compared to 57.35% in 2022/23. The trust saw an improving position over the final quarter of 2023/24 which reflects the continued focus (and National expectation) to focus on reduction in long waiting patients (>52, >65, >78 and >104 weeks respectively).

The trust reported one patient waiting over 104 weeks and 31 patients waiting for over 65 weeks at the end of 2023/24. The number of patients waiting over 52 weeks for treatment was 1,734 at the end of 2023/24.

Diagnostic standard:

Maximum 6-week wait for diagnostic procedures

The trust saw an improvement in diagnostic performance compared to the previous year from 83.87% to 87.5% against the diagnostics standard of 99%. This improvement looks set to continue to improve across all modalities during 2024/25.

Cancer standard:

All cancers - maximum 62-day wait for first treatment from urgent GP referral for suspected cancer and NHS cancer screening service referrals

The trust has seen an increase in demand for suspected cancer and is now seeing an average of 2,700 referrals per month compared to a 2,400 average the previous year.

The 2WW standard has now been replaced by 28 day Faster Diagnosis Standard. In 2023/24 the trust achieved 75.00% compared to 72.63% in 2022/23.

The trust delivered 60% against the 62 day standard (all patients with a cancer diagnosis to receive first treatment by day 62 of their pathway). Plans are in place to address delays to patient pathways and to support improvement against this standard during 2024/25.

The trust has worked with the Integrated Care System to set up a community diagnostic centre at Bexhill. This has helped to alleviate some pressure on a number of our diagnostic modalities and has enabled us to provide more timely access to services for those patients on a suspected cancer pathway. The trust has met the Cancer 28 day Faster Diagnosis Standard in February.

The trust continues to work closely with healthcare partners and the Cancer Alliance to develop and share positive new pathways to support an improvement in performance and enhance patient experience.

Increased demand

Demand has grown across all our services. Acuity is often higher, impacting on treatment plans and length of stay. This has a direct effect on patient flow at the front door through our Emergency Departments.

Indicator	2021/22	2022/23	2023/24
Day case and Elective Inpatients	50,133	51,039	55,954
Non-Elective	57,128	52,245	57,064
Outpatient	425,328	419,032	438,375
A&E Attendances	150,861	152,068	159,918
Cancer Referrals	26,905	27,852	29,874

We continue to work closely with our adult social care and commissioner partners to meet these increasing demands, whilst also recovering our elective care performance

Length of Stay

The Trust has a higher occupancy rate for the percentage of patients not meeting the criteria to reside and are working with system partners to reduce the rate.

This performance report was approved by the Board on 13 June 2024 and signed on its behalf by:

Signed:



Joe Chadwick-Bell, Chief Executive Officer

Date: 13 June 2024

Staff Stories

National nursing nod for Pauline

Pauline Abu, an Intermediate Care Sister at Bexhill Irvine Unit (BIU), was nominated for a Nursing Times Workforce Award.

Pauline was nominated in the category of Best Social Responsibility Programme for her work as a fellow with NHS England. She is also a professional nurse advocate (PNA) and has recently moved into a new role as Clinical Quality Improvement Lead.

"I am currently doing a 12-month secondment with NHS England as a fellow for international recruitment, which focuses on colleague retention" explains Pauline. "The work has been going on for nine months now and the intent is for international nurses to stay and thrive in their various workplaces.

"I'm an international nurse myself. I have been here for three years and I love it. I know I can go to my manager and say I need help and she is there to support me, same with everyone, including colleagues. So, we feel as though there is that support here. It's been amazing I can tell you, for me and others as well."

Pauline has completed a leadership course with Florence Nightingale Academy, where her project was in quality improvement with a focus on restorative clinical supervision, which is what she does as a PNA. Her project has been selected as one of the best in England for 2023.

"If colleagues are happy, patients will be happy. If they are doing their job and they are in a good place and happy, then they can support patients and give their best. At the end of the day, it's a win for colleagues and for the trust".



Accountability Report





Directors' Report

Trust Board

The Board of Directors is responsible for setting and driving forward the strategic direction of the trust. The Board is made up of Executive Directors and Non-Executive Directors who develop and monitor the trust's strategic aims and performance against key objectives and other indicators. Together, their role is to receive, accept and challenge reports, to fulfil all of their responsibilities.

The composition of the Board helps to ensure that the skills and strengths provided by the Non-Executive and Executive Directors throughout the year provide a good, well-balanced Board.


The balance is reviewed regularly and whenever Director level vacancies, both Executive or Non-Executive, arise. The Board members provide a breadth of public and private sector expertise.

The trust has ensured a constitutional option to vary the numbers of Board members slightly as and when the need arises, provided always that the Board retains a majority of Non- Executive Directors. The Board may delegate any of its powers to a sub-Committee, but for the reserved matters set out in its Scheme of Reservation and Delegation and further guidance about the operation of the Board set out in the Standing Orders and Standing Financial Instructions.




Members of the Board undergo an annual performance assessment, reviewing performance against agreed objectives, personal skills and competencies and progress with personal development plans.

The composition of the Board of Directors as of 31 March 2024 was as follows:

Non-Executive Directors

<p>Steve Phoenix Chair</p> 	<p>Steve has been Chair of the Trust Board since February 2019. He joined the Board after a long career in health care leadership. His first NHS executive Board appointment was in 1988. He spent 13 years as a Director and 16 years as a Chief Executive (10 in the NHS and 6 at Hamad Medical Corporation, Qatar). He has held Non-executive roles in the NHS, the private sector and social enterprise. He held an academic appointment at the London School of Economics between 1990 and 1994. Steve is married and has lived in Sussex since 1987.</p> <p>Trust Roles:</p> <ul style="list-style-type: none"> • Member of Finance and Productivity Committee • Member of Strategy and Transformation Committee • Member of Remuneration Committee
<p>Paresh Patel Vice Chair</p> 	<p>Paresh brings over 20 years of experience in healthcare leadership and management to his role as a Non-Executive Director at the trust. Before joining the board, Paresh served in various executive roles within private healthcare organisations, including as CEO. His diverse background encompasses expertise in quality improvement, patient safety, financial management, and stakeholder engagement.</p> <p>Paresh is passionate about driving positive change within the NHS, with a particular focus on improving patient outcomes, promoting staff well-being, and ensuring the effective use of resources. He is committed to fostering a culture of transparency, accountability, and continuous improvement within the organisation.</p> <p>Trust Roles:</p> <ul style="list-style-type: none"> • Vice Chair • Senior Independent Director • Chair of Audit Committee • Chair of Remuneration Committee • Member of Finance and Productivity Committee • Member of Strategy and Transformation Committee • Member of Charity Committee
<p>Karen Manson Non-Executive Director</p> 	<p>Karen has over 20 years research, communications, and global drug access experience in the pharmaceutical industry, holding senior positions in Johnson & Johnson and Janssen, working in the UK, US, and sub-Saharan Africa. Originally trained as a veterinary surgeon, she practiced in New Zealand and the United Kingdom. Karen also operated Manson Associates, a global business consultancy specialising in healthcare and sustainability. She is the Treasurer of the Bexhill Community Land Trust. Karen is passionate about issues of patient experience, access and affordability (in healthcare and housing), and integrating refugees into our communities.</p> <p>Trust Roles:</p> <ul style="list-style-type: none"> • Chair of Charity Committee • Member of Audit Committee • Member of Quality and Safety Committee • Member of Remuneration Committee

Non-Executive Directors

<p>Nicola Webber Non-Executive Director</p> 	<p>Nicola is a fellow of the Institute of Chartered Accountants of England and Wales and previously spent 15 years working in the financial sector in London, including with Deloitte LLP, Actis LLP and INSYNERGY Investment Management. She is an experienced audit and finance committee chair and holds non-executive director roles with Westfield Health and 2gether Support Solutions Limited. She has a genuine passion for working with businesses with a purpose, working in the not-for-profit, social purpose and healthcare sectors.</p> <p>Trust Roles:</p> <ul style="list-style-type: none"> • Chair of Finance and Productivity Committee • Member of Audit Committee • Member of Strategy and Transformation Committee
<p>Carys Williams Non-Executive Director</p> 	<p>Carys is an independent lay member of the House of Commons Committee on Standards, the Welsh Government Board, Premiership Rugby's Sporting Commission and the Independent Betting Adjudication Service (IBAS). She is also chair of Age UK East Sussex. The majority of her professional career has been spent as a senior executive in financial services working for the Financial Ombudsman Service and Lloyds Banking Group.</p> <p>Trust Roles:</p> <ul style="list-style-type: none"> • Chair of People and Organisational Development Committee • Member of Strategy and Transformation Committee • Member of Remuneration Committee
<p>Amanda Fadero Non-Executive Director</p> 	<p>Amanda had an extensive and varied career in the NHS for over 40 years. She held a number of senior executive roles in the NHS working as Chief Executive of NHS Sussex, Area Director for NHS England for Surrey and Sussex and as Deputy/Interim Chief Executive at a large University Hospitals. During her career she gained valuable experience in developing partnerships and integrating communities, managing complexity, using problem solving and conflict resolution to progress and manage change. Since leaving her full time career in the NHS, Amanda has developed a career portfolio that includes two Non-Executive roles on NHS Trust boards, a CEO of St Barnabas and Chestnut Tree hospices alongside supporting complex change programmes as a consultant.</p> <p>Trust Roles:</p> <ul style="list-style-type: none"> • Chair of Quality and Safety Committee • Member of People and Organisational Development Committee • Member of Strategy Committee

Non-Executive Directors

Ama Agbeze
Associate
Non-Executive
Director *



A large part of Ama's career has been spent as a professional athlete culminating in captaining Team England to netball gold at the 2018 Commonwealth Games. She was recently a board member for the 2022 Games in Birmingham.

Alongside sport, Ama has worked as a lawyer in a variety of disciplines including family, corporate, charity and banking. As an ambassador and trustee for a number of charities Ama has a focus on the benefits of physical activity on health outcomes, using sport to help realise potential, and children and young people. She regularly speaks and advocates for diversity and inclusion, improving life opportunities in areas of deprivation, cultural development and organisational change, leadership and mental health.

Ama is a non-voting director.

Trust Roles:

- Member of Audit Committee
- Member of Quality and Safety Committee
- Member of Charity Committee

Frank Sims
Associate
Non-Executive
Director*



Frank lives in Seaford and has spent over 30 years in the NHS, including working as a Chief Executive for acute and community providers as well as NHS commissioners.




He is driven by a desire to improve care and the experience for patients. Frank has worked in the social enterprise movement and discovered the importance of including staff in all decision-making. Most recently he has moved into the charity sector, with a focus on mental health, both as a CEO and Trustee.

Frank is a non-voting director.





Trust Roles:

- Member of Finance and Productivity Committee
- Member of People and Organisational Development Committee
- Member of Remuneration Committee

Executive Directors

<p>Joe Chadwick-Bell Chief Executive</p> 	<p>Joe became Chief Executive in 2020. She has a vast experience of the NHS having worked in Ambulance and Acute Provider Trusts along with a period of time at the Strategic Health Authority.</p> <p>Joe joined the trust from Care UK, the UK's largest independent provider of health and social care, where she was Regional Director for London. Prior to that she was a Board Director at Surrey and Sussex Healthcare NHS Trust. Joe originally started her NHS career working in the Pharmacy department at Eastbourne DGH.</p>
<p>Steve Aumayer Deputy Chief Executive and Chief People Officer*</p> 	<p>Steve is an experienced HR Director who, after starting his career as a Royal Naval Officer has held a number of senior leadership roles in Healthcare and across other sectors. His healthcare experience includes Executive Director of Human Resources and Organisational Development at University Hospitals Bristol NHS Foundation Trust, Executive Director of Organisational Development and Strategic Human Resources at Hamad Medical Corporation, the public healthcare provider for the 2.5 million residents in Qatar, Group HR Director Optegra Eye Care and most recently running his own consultancy firm focused on supporting healthcare organisations, Teyr Consulting.</p> <p>Prior to moving into healthcare, Steve held a number of senior leadership posts in companies including Hay Management Consultants, Deloitte, Orange UK and COLT Telecom. Steve has also undertaken various Non-Executive Director roles, including at Avon Partnership for Occupational Health and Skills for Health.</p> <p>Steve is a non-voting Board member.</p>
<p>Vikki Carruth Chief Nurse and Director of Infection Prevention and Control (DIPC)</p> 	<p>Originally from Dublin, Vikki qualified as a registered nurse in the UK undertaking a number of post graduate studies at the University of Brighton. She has worked in the NHS since 1989, holding a variety of senior nursing posts in a number of trusts in London and the South.</p> <p>Vikki is passionate about ensuring that the care that patients receive is the very best it can be and that staff have the right training, leadership and support to deliver this to every patient, every time. She has a clinical background in acute medicine and has a particular interest in the care of vulnerable patients and those with more complex needs.</p>

Executive Directors

<p>Dr Simon Merritt Chief Medical Officer</p> 	<p>Simon is a Consultant in Respiratory, General and Sleep Medicine at Conquest Hospital and the Chief Medical Officer. He trained at United Medical and Dental School of Guy's and St Thomas's Hospitals, London gaining a BSc in Psychology, before graduating with Honours in 2000. After completing his general medical training in East London, he undertook specialist training at the Kent and Sussex, Lewisham, St. Thomas' and Conquest Hospitals.</p> <p>Simon joined the trust in July 2009 as a consultant, he has set up a respiratory failure and home Non Invasive Ventilation service. He has also led the sleep service for a number of years. Over the last 8 years he has held clinical leadership posts – clinical unit lead for specialist medicine, and then Chief of Medicine prior to becoming Chief Medical Officer in September 2022.</p>
<p>Charlotte O'Brien Chief Operating Officer</p> 	<p>Charlotte joined the trust as Director Transformation and Improvement in 2022 before moving into her current role. She was previously Director of Strategic Partnerships at Sussex Partnership NHS Foundation Trust, supporting the development of its role as the lead provider for a number of specialist provider collaboratives, developing the Sussex ICS Mental Health Collaborative Programme and developing the trusts approach to performance and assurance.</p> <p>Charlotte started her career as a cardiac nurse in London and has more than 20 years of management experience working in senior operational and service transformation roles across primary, secondary and tertiary care. Charlotte has also worked for NHS England and NHS Improvement as a member of the South East regional oversight and assurance team.</p>
<p>Damian Reid Chief Finance Officer</p> 	<p>Damian was appointed as Chief Financial Officer in 2020 having joined the trust from Bedford Hospital NHS Trust where he was Director of Finance. Damian is a qualified Chartered Management Accountant. He started his career in the Ministry of Defence, followed by a series of appointments in the public sector and at EC Harris and Compass Group. Damian is an experienced Finance Director having held a number of senior positions within national, regional and local NHS organisations, including acute and community providers. Damian's portfolio at ESHT includes finance, procurement and digital.</p>
<p>Richard Milner Chief of Staff*</p> 	<p>Richard joined the trust having held senior positions at several NHS Trusts in London covering community, mental health and the acute sector. He has worked predominantly in operations and service improvement, and brings his experience of leading transformation programmes to improve care for patients. His interests are technology-enabled change and working across organisational boundaries to improve care outcomes. Richard began his career working for a US-based strategy consultancy before joining the NHS on the Gateway to Leadership programme.</p> <p>Richard is a non-voting director.</p>

*Non-voting Board member/officer

Staff Stories

An award for Anna, supporting women to quit smoking in pregnancy

Anna Tye, Healthy Pregnancy Support Worker, and members of the team attended the House of Commons recently for the Smoking in Pregnancy Challenge group anniversary event. This was where Anna was presented with a certificate of appreciation from the group for her dedication and hard work. The Smoking in Pregnancy Challenge Group is a coalition of organisations working to reduce rates of smoking in pregnancy, was established in 2012.



We spoke to Anna about her role and being nominated for the award. "When someone is pregnant and first meets with the midwife, they are asked about whether they smoke and if they want to receive any support in trying to quit. My role is then to make contact and introduce to them to the service we provide.

"There is so much guilt attached to smoking during pregnancy and we try to be the best support system we can for that individual. This can include suggesting tools to help quit, such as using nicotine replacement products or even just being someone to talk to about how hard it is.

"The suggested pathway is usually a 12-week programme, firstly with face to face meet ups and then over the phone but if someone needs more help than we can be there for them longer, it is a very flexible service.

Anna's colleague, Kerry Ashenden, Tobacco Dependence Treatment Services Midwife, nominated Anna for the recognition award for her work, specifically with one patient: "Anna worked so hard and went above and beyond with this individual, she made an immeasurable difference to this woman, supporting her to make a change that was of benefit to her health and that of her baby.

Anna said: "I was very surprised to have been nominated and it is so nice to be recognised for my work, but this award is a reflection on the whole tobacco dependence treatment team and the hard work we have all put in over the last two years. What we are doing is really making a difference and I am lucky to work with such a great and professional group of people."

Congratulations to Anna and to the team for their hard work.

Responsibilities of the Chair, Senior Independent Director and Chief Executive

Trust Chair

Our Chair, Steve Phoenix, leads our trust's Board and is responsible for ensuring effective governance processes which are consistent with the Nolan principles and the NHS values. He is pivotal in creating the conditions necessary for overall Board and individual director effectiveness and has five key responsibilities:

1. **Strategic:** ensuring the Board sets the trust's long-term vision and strategic direction and holds the chief executive to account for achieving the trust's strategy.
2. **People:** creating the right tone at the top, encouraging diversity, change and innovation, and shaping an inclusive, compassionate, patient-centred culture for the organisation.
3. **Professional acumen:** leading the Board both in terms of governance and managing relationships internally and externally.
4. **Outcomes focus:** achieving the best sustainable outcomes for patients and service users by encouraging continuous improvement, clinical excellence and value for money.
5. **Partnerships:** building system partnerships and balancing organisational governance priorities with system collaboration.

Senior Independent Director

Our Senior Independent Director (SID) is Paresh Patel; he is also our trust's Vice Chair. The role of the SID is to be available to members of the trust if they wish to raise concerns which contact through the usual channels of line manager, Speak Up Guardian, Chair or Chief Executive have failed to resolve or where it would be inappropriate to use such channels.

The SID also has a key role in supporting the trust Chair in leading the Board and acting as a sounding board and source of advice for the Chair. He holds a meeting with the other Non-Executive Directors in the absence of the Chair on an annual basis as part of the Chair's appraisal process.

We recognise that ideally the Vice Chair or SID should not also be Chair of the Audit Committee. Recruitment for another Non-Executive Director is likely to take place during 2023/24 and a review of NED roles will be undertaken following this.

Chief Executive Officer

Joe Chadwick-Bell is our Chief Executive Officer (CEO) and is responsible for leading a team of Executives who oversee almost every aspect of making sure that the trust performs safely and efficiently. She is responsible for ensuring that the correct balance is found between managing day-to-day operations while leading strategic development initiatives required for long-term success. Her areas of responsibility include:

- Responsibility for delivering the best quality of patient care
- Leadership while creating a positive and productive culture
- Setting and following standards for operational excellence
- Hiring and maintaining appropriate levels of qualified staff
- Implementing clinical procedures and policy
- Ensuring compliance with NHS regulations as well as hospital policies
- Developing a relationship with outside organizations, including the ICS, wider NHS and local stakeholders
- Delivering strong financial performance



System Engagement

In 2023/24 we started to see the impact of becoming an integrated system really start to emerge. NHS Sussex has developed a 'Shared Delivery Plan' which sets out our objectives and how we aim to deliver them as an integrated system. That plan was developed with a very wide stakeholder group which included our trust, partner NHS organisations, local authority services, voluntary sector, patients, user groups and Health and Wellbeing boards.

As a trust we are represented (or leading) on every one of the NHS Sussex Shared Delivery Plan's Delivery Boards, along with colleagues from across the system. We worked with system partners on the development of the newly forming "provider collaboratives" (both Acute and Community and Primary Care) and we are very closely engaged with NHS Sussex colleagues, as well as local partners from adult social care, the voluntary sector, primary care and Borough Council services, on the design and development of what NHS Sussex calls "Integrated Community Teams".

At 'Place' level (which means the public services service the population of East Sussex County) we work closely with local authority partners on priority programmes of work, which each have a joint oversight board and that reports into our joint Health and Social Care Executive Delivery Group and the East Sussex Place Partnership board. These programmes and boards are set up to enable us to meet both the objectives of the system's Shared Delivery Plan and the objectives our East Sussex Health and Wellbeing Strategy (which is also developed through wide engagement with stakeholders in East Sussex).

Internal governance for these collaborations and partnerships is through a combination of trust Board and our Strategy sub-committee (which is being reviewed for 2024/25), as well as through the Executive Committee and Transformation Board. We also bring insights, concerns or risks back to the Executive Committee from our representatives on each Board.

Board changes during 2023/24 are outlined below:

Name	Role/Position	Dates of Change
Charlotte O'Brien	Job role changed from Transformation Director to Chief Operating Officer	17/07/23
Winter Director	Left trust	20/07/23
Jackie Churchward-Cardiff	Retired as NED, Vice Chair and Senior Independent Director	29/02/24
Paresh Patel	Became Vice Chair and Senior Independent Director	01/03/24
Amanda Fadero	Role changed from Associate Non-Executive Director to Non-Executive Director	01/03/24

Attendance at trust Board Meetings 2023/24

	11/4/23	13/6/23	8/8/23	10/10/23	12/12/23	13/2/24	
Steve Phoenix	✓	✓	✓	✓	✓	✓	6/6
Jackie Churchward-Cardiff	✓	✓	x	✓	✓	✓	5/6
Karen Manson	✓	x	✓	✓	✓	✓	5/6
Paresh Patel	✓	x	✓	✓	x	✓	4/6
Nicola Webber	✓	✓	x	x	✓	✓	4/6
Carys Williams	✓	✓	✓	✓	x	x	4/6
Ama Agbeze*	✓	✓	✓	✓	✓	✓	6/6
Amanda Fadero	✓	✓	✓	✓	x	✓	5/6
Frank Sims*	✓	✓	✓	✓	✓	✓	6/6
Joe Chadwick-Bell	x	x	✓	x	✓	✓	3/6
Steve Aumayer*	✓	✓	✓	✓	✓	✓	6/6
Vikki Carruth	x	✓	✓	✓	✓	✓	5/6
Dr Simon Merritt	✓	✓	x	✓	✓	x	4/6
Charlotte O'Brien	Became COO 17.07.23		✓	✓	✓	x	3/4
Damian Reid	✓	✓	✓	✓	✓	✓	6/6
Richard Milner*	✓	✓	✓	✓	✓	✓	6/6
Winter Director*	✓	✓	Left 20.07.23				2/2

* Non-voting Board member/officer

Staff Stories

Student of the year award for audiologist Rachel

Congratulations to Rachel Crum, audiologist, for receiving the British Audiology Student of the Year award. Rachel completed her MSC in Audiology Science with Clinical Practise at University College London late last year. She has been on placement within the audiology department at the trust for the past year and moved into her permanent role within the team in December.

As an audiologist Rachel works with adults who have hearing difficulties. She completes the initial assessments on patients, provides rehab options and works with them if they need hearing aids. She also educates patients on communication tactics as part of her role and supports them on their treatment journey.

Audiology and the NHS has been quite a career change for Rachel: "I was a chemistry teacher for more than 10 years before I decided I wanted to take on my masters course and make the change. I already had a masters in chemistry so could go straight into my audiology training because of the science nature of both.

"The reason I was drawn to working within audiology was that my grandmother had hearing difficulties. Seeing her struggle and knowing how isolating it can be for people made me really want to be able to help them. Within the role I get to use my science background but I also get to help people, to be kind to people all day. It is very rewarding."

Rachel was nominated by her university for the Student of the Year award for her outstanding academic record and commitment to the course. She attended the British Academy of Audiology conference in Coventry in November where she was presenting her research paper on 'A systematic review of management of adults with auditory processing disorder' and was also presented with her award. "I knew I was getting it but couldn't tell anyone!"

Beside the certificate and award, Rachel will also get to go to Denmark to a world-renowned research facility along with 50 other audiologists from around the world for a five-day conference later on in the year. Sara-Jane Ray, Advanced audiologist, said: "In the time that Rachel has been with us, she has shown significant development from student to clinician. She has shown an evolution of skill, knowledge and professionalism as she has progressed in her studies. Now she is in her clinical role she has shown a commitment to continued learning and dedication to providing a high level of care for her patients.



Trust Board Register of Interests

There are no company directorships held by members of the trust Board where companies are likely to do business or are seeking to do business with the trust. Should there be a potential conflict of interest, we have mechanisms to ensure that there is no direct conflict of interest and those Directors would not be involved. Based on the Register of Directors' Interests and known circumstances, there is nothing to preclude any of the current Non-Executive Directors from being declared as independent. As such, eight of the fifteen members of the Board are considered to be independent.

No Executive Directors have been released by the trust to take unpaid roles with other organisations. Joe Chadwick-Bell and Damian Reid hold unpaid director positions on Sussex MSK Partnership East (SMKSPE) which is a joint board between the trust and the Horder Centre as partners.

The Register of Interests is held by the Chief of Staff and Board members' declarations as of 31st March 2024 are set out below. These are also available on the trust's website.

The trust has undertaken comprehensive checks to ensure that all members of the Board meet the enhanced requirements of [NHS England's Fit and Proper Persons Test Framework for board members](#), published in August 2023.



Non-Executive Directors	Steve Phoenix	<ul style="list-style-type: none"> • None
	Ama Agbeze	<ul style="list-style-type: none"> • None
	Amanda Fadero	<ul style="list-style-type: none"> • Director at Consilium Partners • CEO St Barnabas, Martlets and Chestnut Tree hospices • NED Royal Papworth Hospital
	Karen Manson	<ul style="list-style-type: none"> • Shareholding in Johnson & Johnson
	Paresh Patel	<ul style="list-style-type: none"> • None
	Frank Sims	<ul style="list-style-type: none"> • CEO, Surrey Wellbeing partnership • Trustee, Sussex Cancer Fund • Public Governor, University Hospitals Sussex, NHS Trust
	Nicola Webber	<ul style="list-style-type: none"> • Non-Executive Director of 2gether Support Solutions Limited • Mother-in-law is Associate Non-Executive Director at Maidstone and Tunbridge Wells NHS Trust • Non-Executive Director of the Westfield Contributory Health Scheme Limited • Director and Treasurer of Pevensey Bay Sailing Club Ltd • Non-Executive Director of Marsden Building Society
	Carys Williams	<ul style="list-style-type: none"> • Non-Executive Member, Welsh Government Board
Executive Directors	Joe Chadwick-Bell	<ul style="list-style-type: none"> • Board Director SMKSPE - MSK Services - Joint board between ESHT and Horder as partners
	Steve Aumayer	<ul style="list-style-type: none"> • None
	Vikki Carruth	<ul style="list-style-type: none"> • None
	Dr Simon Merritt	<ul style="list-style-type: none"> • 3-4 private clinics per month at Sussex Premier Health • Chief Medical Officer for Kokoon Technology Ltd; work is undertaken on a contractor basis and is 'paid' in share options, which currently have no value.
	Richard Milner	<ul style="list-style-type: none"> • None
	Charlotte O'Brien	<ul style="list-style-type: none"> • None
	Damian Reid	<ul style="list-style-type: none"> • Board Director SMKSPE - MSK Services - Joint board between ESHT and Horder as partners

Statement as to disclosure to auditors

So far as the Directors are aware, there is no relevant audit information of which the auditors are unaware and the Directors have taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

The accounts have been prepared under a direction issued by NHS England (NHSE) and recorded in the Accounting Officer's statement later in this report. The Directors are responsible for ensuring that the accounts are prepared in accordance with regulatory and statutory requirements. A Director is regarded as having taken all the steps that they ought to have taken as a Director in order to do the things mentioned above, and:

- made such enquiries of his/her fellow Directors and of the company's auditors for that purpose; and
- taken such other steps (if any) for that purpose, as are required by his/her duty as a Director of the company to exercise reasonable care, skill and diligence.

Relevant audit information means information needed by the NHS Trust's auditor in connection with preparing their report.



Schedule of Matters Reserved to the Board

1.	Structure and governance of the trust, including regulation, control and approval of Standing Orders and documents incorporated into the Standing Orders:
	<p>1.1. Approve, including variations to:</p> <ul style="list-style-type: none"> 1.1.1. Standing Orders for the regulation of its proceedings and business. 1.1.2. this Schedule of matters reserved to the Trust Board. 1.1.3. Standing Financial Instructions 1.1.4. Scheme of Delegation, including financial limits in delegations, from the Trust Board to officers of the trust. 1.1.5. suspension of Standing Orders <p>1.2. Determine the frequency and function of Trust Board meetings, including:</p> <ul style="list-style-type: none"> 1.2.1. administration of public and private agendas of Board meetings 1.2.2. calling extraordinary meetings of the Board <p>1.3. Ratify the exercise of emergency powers by the Chair and Chief Executive</p> <p>1.4. Establish Board committees including those which the trust is required to establish by the Secretary of State for Health or other regulation ; and:</p> <ul style="list-style-type: none"> 1.4.1. delegate functions from the Board to the committees 1.4.2. delegate functions from the Board to a director or officer of the trust 1.4.3. approve the appointment of members of any committee of the Trust Board or the appointment of representatives on outside bodies 1.4.4. receive reports from Board committees and take appropriate action in response to those reports 1.4.5. confirm the recommendations of the committees which do not have executive decision making powers 1.4.6. approve terms of reference and reporting arrangements of committees 1.4.7. approve delegation of powers from Board committees to sub- committees <p>1.5. Approve and adopt the organisational structures, processes and procedures to facilitate the discharge of business by the trust; and modifications thereto.</p> <ul style="list-style-type: none"> 1.5.1. Appoint the Chief Executive 1.5.2. Appoint the Executive Directors <p>1.6. Require, from directors and officers, the declaration of any interests which might conflict with those of the trust; and consider the potential impact of the declared interests</p> <p>1.7. Agree and oversee the approach to disciplining directors who are in breach of statutory requirements or the trust's Standing Orders.</p>

	<p>1.8. Approve the disciplinary procedure for officers of the trust.</p> <p>1.9. Approve arrangements for dealing with and responding to complaints.</p> <p>1.10. Approve arrangements relating to the discharge of the trust's responsibilities as a corporate trustee for charitable funds held on trust</p> <p>1.11. Approve arrangements relating to the discharge of the trust's responsibilities as a bailee for patients' property.</p>
2.	Determination of strategy and policy:
	<p>2.1. Approve those trust policies that require consideration by the Trust Board. These will be determined by the individual directors responsible for adopting and maintaining the policies.</p> <p>2.2. Approve the trust's strategic direction:</p> <p>2.2.1. annual budget, strategy and business plans</p> <p>2.2.2. definition of the strategic aims and objectives of the trust.</p> <p>2.2.3. clinical and service development strategy</p> <p>2.2.4. overall, programmes of investment to guide the letting of contracts for the supply of clinical services.</p> <p>2.3. Approve and monitor the trust's policies and procedures for the management of governance and risk.</p>
3.	Direct operational decisions:
	<p>3.1. Approve capital investment plans:</p> <p>3.1.1. the annual capital programme</p> <p>3.1.2. all variations to approved capital plans over £1 million</p> <p>3.1.3. to acquire, dispose of, or change of use of land and/or buildings</p> <p>3.1.4. capital investment over £2.5 million in value, supported by a business case and in line with the approval guidance issued by NHS England (NHSE) .</p> <p>3.1.5. contracts for building works, which exceed the pre-tender estimate by over 10% (minimum £100k).</p> <p>3.2. Introduce or discontinue any significant activity or operation which is regarded as significant (if it has a gross annual income or expenditure, before any set off, in excess of £1 million.</p>

	<p>3.3. Approve individual contracts and commitments to pay, other than Commissioning Contracts, of a revenue nature amounting to, or likely to amount to over £2.5 million:</p> <p>3.3.1. Tenders and quotations over the lifetime of the contract</p> <p>3.3.2. Revenue funded service developments, in line with the approval guidance issued by the NHS England (NHSE)</p> <p>3.3.3. Orders processed through approved supply arrangements</p> <p>3.3.4. Orders processed through non-approved supply arrangements</p> <p>3.3.5. Receipt of loans and trials equipment and materials</p> <p>3.3.6. Prepayment agreements for services received</p> <p>3.4. Decide the need to subject services to market testing</p>
4.	Quality, financial and performance reporting:
	<p>4.1. Appraise continuously the affairs of the trust through receipt of reports, as it sees fit, from directors, committees and officers of the trust.</p> <p>4.2. Monitor returns required by external agencies; and significant performance reviews carried out by, including, but not exclusively limited to:</p> <p>4.2.1. The Care Quality Commission</p> <p>4.2.2. NHS England (NHSE)</p> <p>4.3. Consider and approve of the trust's Annual Report including the annual accounts.</p> <p>4.4. Approve the Annual report(s) and accounts for funds held on trust.</p> <p>4.5. Approve the Quality Account</p>
5.	Audit arrangements:
	<p>5.1. Approve audit arrangements recommended by the Audit Committee (including arrangements for the separate audit of funds held on trust).</p> <p>5.2. Receive reports of the Audit Committee meetings and take appropriate action.</p> <p>5.3. Receive and approve the annual audit reports from the external auditor in respect of the Financial Accounts and the Quality Account.</p> <p>5.4. Receive the annual management letter from the external auditor and agree action on recommendations of the Audit Committee, where appropriate.</p> <p>5.5. Endorse the Annual Governance Statement for inclusion in the Annual Report</p>

The following table outlines the notice periods for directors and officers in post at 31 March 2024:

Name	Start Date	Notice period
Joe Chadwick-Bell Chief Executive	November 2016	6 months
Vikki Carruth Chief Nurse and Director of Infection Prevention and Control	October 2017	6 months
Steve Aumayer Deputy Chief Executive and Chief People Officer	November 2020	6 months
Richard Milner Chief of Staff	May 2020	6 months
Damian Reid Chief Finance Officer	April 2020	6 months
Dr Simon Merritt Chief Medical Officer	September 2022	6 months
Charlotte O'Brien Chief Operating Officer	July 2023	6 months

For statements on salary and pension benefits for all senior management who served during 2023/24, please see tables on pages 70-73.

Staff Stories

Trust awarded for commitment to patient safety by the National Joint Registry

Our Trauma and Orthopaedic department celebrated being named as a National Joint Registry (NJR) Quality Data Provider after successfully completing a national programme of local data audits, for the fifth consecutive year.

The NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement operations to improve clinical outcomes primarily for the benefit of patients, but also to support orthopaedic clinicians and industry manufacturers. The registry collects high quality orthopaedic data in order to provide evidence to support patient safety, standards in quality of



care, and overall cost-effectiveness in joint replacement surgery. The 'NJR Quality Data Provider' certificate scheme was introduced to offer hospitals a blueprint for reaching high quality standards relating to patient safety and to reward those who have met registry targets.

To achieve the award, we are required to meet a series of six ambitious targets during the audit period 2021/22. One of the targets which hospitals are required to complete is compliance with the NJR's mandatory national audit aimed at assessing data completeness and quality within the registry. The audit ensures that the NJR is collecting and reporting upon the most complete, accurate data possible across all hospitals performing joint replacement operations, including here at our trust.

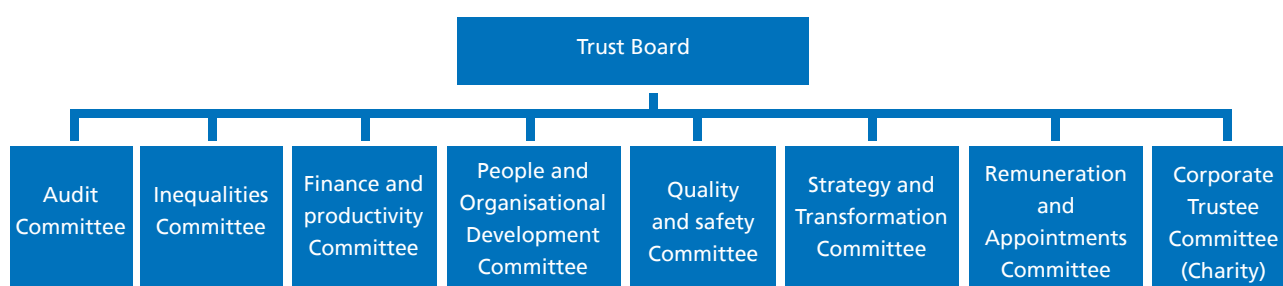
Mr Guy Selmon, Clinical Lead, Trauma and Orthopaedics said: "Improving patient safety is of the utmost importance and something all staff take very seriously. We fully support the National Joint Registry's work in facilitating improvement in clinical outcomes and governance for the benefit of joint replacement patients and we're delighted to be awarded as an 'NJR Quality Data Provider'".

National Joint Registry Medical Director, Mr Tim Wilton, said: "Congratulations to colleagues at Conquest and Eastbourne hospitals. The Quality Data Provider Award demonstrates the high standards being met towards ensuring compliance with the NJR and is often a reflection of strong departmental efforts to achieve such status."

Board Committees

The Trust Board has established a number of formal sub-committees that support the discharging of the Board's responsibilities. Each Committee is chaired by a Non-Executive Director.

These committees do not operate independently of each other but where appropriate operate together (and indeed report to one another) to ensure full coverage and clarity on all areas of trust activity. The schematic below shows the inter-relationships of the Committees and the Board.



Audit Committee

The Audit Committee provides assurance to the Board on the trust's overall governance, risk management and internal control procedures. This includes arrangements for the preparation of the Annual Accounts and Annual Report, the Board Assurance Framework and the Annual Governance Statement.

The Audit Committee met on seven occasions during 2023/24. Membership is three independent Non-Executive Directors, at least one of whom (the Committee Chair) is a qualified accountant in the period up to 31 March 2024. In addition to Committee members, Executive Directors and senior staff are regularly invited to attend the Committee to answer questions and inform agenda content, and internal and external auditors are also present at meetings. Private meetings with both internal or external auditors are held as and when required.

During 2023/24, the Audit Committee undertook the full range of its responsibilities, including:

- Reviewing the effectiveness of the framework of controls within the trust
 - Reviewing the Annual Governance Statement and supporting assurance processes in conjunction with the Head of Internal Audit opinion
 - Approving a risk-based internal audit plan and actively reviewing the findings of all audits and monitored progress
 - Approving the plan and reviewed the work of the local anti-fraud specialist
 - Reviewing and approving the updated standing orders, standing financial instructions and scheme of delegation
- Agreeing on the nature and scope of the external audit plan and reviewed the reports, recommendations and management responses
 - Considering the adequacy of arrangements for managing risk and how these are implemented
 - Reviewing the effectiveness of the Committee
 - Agreeing updated Terms of Reference for the Committee and recommending these to Board for ratification
 - Reviewing procurement waivers
 - Reviewing the annual report and accounts

The Audit Committee reviews auditor independence both as part of its scrutiny of the annual report and accounts, and as part of its annual review of the auditors' work.

The Committee has also engaged regularly with the external auditors throughout the year, including in private session. The Committee is satisfied that to the best of its knowledge, there are no issues that compromise the external auditors' independence. The Chair of the Committee regularly discusses the effectiveness of both internal and external auditors with the Chief Financial Officer.



The following steps were taken during 2023/24 to ensure that auditor objectivity and independence is safeguarded:

- At each meeting of the Audit Committee attended by the external auditors they were asked to declare any interests that they may have in any of the items on the agenda. No such declarations were made.
- The external auditors have confirmed their compliance with the APB Ethical Standards for Auditors, and do not consider that their professional judgement or objectivity has been compromised.
- The trust and the auditors ensured that fees for the provision of non-audit services by the external auditors did not exceed 70% of the audit fee, as mandated by the updated Auditor Guidance Note 1 issued in December 2016. The external auditors also did not perform any of the prohibited non-audit services set out in the guidance note. Details of the fees that were charged for non-audit work have been disclosed in the external auditors' report, and no further fees were charged.
- The external auditors have continued throughout the year to review their independence and ensure that appropriate safeguards are in place. These include the rotation of senior partners and professional staff, and the involvement of additional partners and professional staff to carry out reviews of the work performed and to advise as necessary.

The trust's external auditor during 2023/24 was Grant Thornton UK LLP, appointed in 2022 for a period of three years with two twelve month options to extend. The trust's internal auditor and provider of counter fraud services during 2023/24 was RSM, who were appointed in 2023 to provide internal audit and counter fraud services for the trust, for a period of three years with two twelve month options to extend.

The trust does not have any policy on the purchase of non-audit services from its external auditor. Instead it is set out in the trust's Standing Financial Instructions that the trust will not purchase any non-audit services from its external auditor unless it is required to do so by NHS England or the Department of Health.

Quality and Safety Committee

The trust is committed to providing safe, effective and high-quality care. The Chief Nurse and Director of Infection Prevention and Control (DIPC) is the Executive Lead for quality within the trust. Working in close partnership with the Chief Medical Officer and supported by the Head of Governance, who manages the Risk and Safety team, the Chief Nurse has overall responsibility for the delivery of the quality governance agenda for the trust.

Effective monitoring of the quality agenda ensures a focussed and transparent approach to quality improvement within the trust.

The trust uses a range of metrics including patient safety, patient experience, clinical effectiveness and workforce metrics to measure patient outcomes. These are reported bi-monthly to the Board via the trust's Integrated Performance Report (IPR) with more detailed data presented to the Quality and Safety Committee, incorporating commentary from senior leadership teams to aid analysis of the data on a monthly basis. This data also triangulates other quality governance metrics such as the delivery of outstanding care, patient experience, safe staffing and performance against national standards to provide assurance that the trust has effective systems and processes in place to ensure the delivery of high-quality care.

The Quality and Safety Committee is a sub-Committee of the trust Board and is chaired by a Non-Executive Director; it includes representation from Executives and members of the trust's senior leadership team. The Committee's remit is to scrutinise and evaluate all aspects of quality. The Committee receives assurance reports via the trust's steering groups. During 2023/24, the Quality and Safety Committee met on twelve occasions. Areas of focus during the year included:

- Reviewing serious incidents and never events
- Reviewing patient experience metrics, including complaints
- Receiving the annual nursing establishment review
- Reviewing the mortality indicators report and learning from death reports
- Reviewing the Board Assurance Framework and Corporate Risk Register for the risks associated with the work of the Committee
- Receiving assurance about the safety and quality of the trust's services in light of the increasing pressures that were experienced

- Continuing to monitor the improvement journey of maternity services
- Deep dives into areas of focus including violence and aggression, critical care and environmental and ligature risks
- Oversight of the introduction of the Patient Safety Incident Response Framework (PSIRF), the new way that the NHS looks at patient safety incidents, into the trust
- Oversight of a number of annual reports relevant to its work, including CNST (Maternity), Patient Experience, Infection Control and Safeguarding

Finance and Productivity Committee

The Finance and Productivity Committee is responsible for supporting the Board by ensuring that all appropriate action is taken to achieve the financial performance objectives of the trust through regular review of financial strategies and performance, investments, and capital plans. This includes the approval of business cases in line with the trust's Standing Financial Instructions, the development and oversight of the trust's Financial and Capital Strategy and the tracking of monthly financial and capital performance against budgets. During 2023/24, the Finance and Productivity Committee met on 13 occasions.

Inequalities Committee

The Inequalities Committee was established in November 2023 to provide a Board level focus on the trust's broad approach to equality, both in staffing and service delivery. The Committee provides oversight of the implementation of the NHS England equality diversity and inclusion high impact action. It seeks assurance that the trust has an inclusive and equitable work environment that values diversity and promotes a culture of respect, fairness, and collaboration. It also provides oversight of the trust's programme of work in relation to health inequalities, with direct responsibilities relating to service provision, and contributes to the wider programme of multi-agency health improvement programmes in East Sussex. The Committee provides a direct Board level link to Staff Networks and their work. The Director of Public Health is a member of this Committee. During 2023/24, the Inequalities Committee met on two occasions.

People and Organisational Development Committee

The People and Organisational Development Committee supports the Board by providing strategic oversight of workforce development, planning and performance. It provides assurance to the Board that the trust has the necessary strategies, policies, procedures and capabilities in place to ensure a high performing and motivated workforce that supports trust objectives and organisational success. Where broader organisational policies or processes inhibit the performance or motivation of individuals and their ability to contribute to the delivery of trust strategy and goals, it highlights such issues as appropriate for further consideration and review. The Committee also considers cultural development within the trust to align behaviours with strategic objectives, promotes a learning and supporting work environment; this encompasses staff development, career progression and managerial culture. During 2023/24, the People and Organisational Development Committee met on 11 occasions.

Strategy and Transformation Committee

The Strategy and Transformation Committee is responsible for overseeing and scrutinising the formulation, direction and delivery of strategy and related performance matters at the trust, giving assurance to the Board on the delivery of its strategy. During 2023/24, the Strategy and Transformation Committee met on three occasions.

Staff Stories

Partnership Forum celebrates first year

The trust's Partnership Forum marks its first anniversary this month, celebrating a year of bringing colleagues together from across the trust. The forum members discuss how the trust runs and provide insight and suggestions into how we can continue to improve the care that we provide, as well as make our organisation a better place to work.



With representatives drawn from a range of clinical and support services across our sites, the forum has helped us work on a range of issues and improvements over the last twelve months and has been central in driving forward the work to develop our new trust values. Other important work of the forum has included input into the strengthening of the trust's electronic systems; improving productivity across the organisation; and getting involved in our work supporting colleague retention.

Steve Aumayer, Deputy Chief Executive and Chief People Officer, said: "The work of the forum over the past year has been invaluable, and has provided insight from our colleagues from across the trust directly into the heart of our decision-making process.

"We have always had strong aspirations for the Partnership Forum as a cornerstone of the trust's work, and to have representation from the forum on the trust's strategy and steering groups – and ultimately at Board level. Because of the drive of the Partnership Forum members to contribute to the trust's improvement work – as well as the commitment of the exec team to give an ever stronger voice to our workforce in the decision-making of the trust – I'm delighted to be able to confirm that Partnership Forum members will now be part of the electronic patient record board, the Building for the Future board and the trust's Charity Committee – some of the most important decision-making groups here at the trust. We will also be looking to include a Partnership Forum representative at our public board meetings next year, to increase the role of the Partnership Forum even further."

"Thank you to all of our forum members for their work this year, and I'm looking forward to continuing to work with you in the future."

Committee Attendance

Committee Attendance during 2023/24 was as follows:

	Audit Committee (7 meetings)	Finance and Productivity Committee (13 meetings)	Inequalities Committee (2 meetings)	People and Organisational Development Committee (11 meetings)	Quality and Safety Committee (12 meetings)	Remuneration Committee (3 meetings)	Strategy and Transformation Committee (3 meetings)
Ama Agbeze	7/7*	1/13	1/2*	-	9/12*	-	-
Steve Aumayer	-	5/13*	1/2*	9/11*	1/12	3/3	1/3*
Vikki Carruth	2/7	10/13		7/11*	9/12*	-	-
Joe Chadwick-Bell	2/7	11/13	1/2	-	-	2/3	1/3*
Jackie Churchward-Cardiff	-	5/13		-	2/12	3/3*	3/3*
Amanda Fadero	-	-		6/11*	7/12*	-	-
Karen Manson	5/7*	-		-	10/12*	1/3*	-
Dr Simon Merritt	2/7	-		-	10/12*	-	2/3*
Richard Milner	2/7	6/13*	2/2*	-	3/12*	-	3/3*
Charlotte O'Brien	-	11/13*		-	1/12	-	2/3
Paresh Patel	7/7*	12/13*	2/2*	-	-	-	3/3*
Steve Phoenix	-	12/13*	2/2*	-	1/12	3/3*	3/3*
Damian Reid	7/7	13/13*		-	1/12	-	3/3*
Frank Sims	-	9/13*		9/11*	-	3/3*	-
Nicola Webber	5/7*	12/13*		-	-	-	2/3*
Carys Williams	-	-	2/2*	10/11*	-	3/3*	3/3*

* Denotes member of Committee

All of the meetings of the trust's Committees during 2023/24 were quorate.

Remuneration and Staff Report



Remuneration Report

The Remuneration and Appointments Committee is a Non-Executive subcommittee of the Board and oversees the appointments of the Chief Executive and Executive Directors and agrees the parameters for the senior appointments process. The Committee agrees and reviews the trust policies on the reward, performance, retention and pension matters for the executive team and any relevant matters of policy that affect all staff.



The duties for the Remuneration Committee are incorporated into the Terms of Reference of the Remuneration Committee in the trust. The Committee is responsible for the recruitment and appointment into all senior roles (Very Senior Manager) and ensures both a diverse set of capabilities and backgrounds at both Board and amongst our Very Senior Managers. A specific element of this is looking at the current mix of backgrounds and experiences and identifying

opportunities to widen diversity of thought, background and experience through our proactive attraction and recruitment activities and approaches.

The Committee is chaired by the Senior Independent Director and membership also comprises the Chair of the Board and two other Non-Executive directors. The Chief Executive and Chief People Officer attend meetings in an advisory capacity, except when issues relating to their own performance, remuneration or terms and conditions are being discussed.

Quoracy for the meeting is three members of which one must be the Committee Chair or, in their absence, the trust Chair. Under delegated authority from the trust Board, the Committee determines the appropriate remuneration and terms of service for the Chief Executive and Executive Directors having proper regard to national arrangements and guidance.

The Committee also advises on, and oversees, the appropriate contractual arrangements with the Chief Executive and Executive Directors, including the proper calculation and scrutiny of termination payments, taking account of national guidance as appropriate.

The remuneration rates are determined by taking into account national benchmarking and guidance in order to ensure fairness and proper regard to affordability and public scrutiny. The remuneration of the Chief Executive and Executive Directors are set at base salary only without any performance related pay. In line with national guidance, remuneration for all new Executive Directors includes an element of earn back pay related to achievement of objectives. The earn back figure is included in the base salary. Treasury approval for "Very Senior Managers" pay exceeding the Prime Minister's salary is also required.

In addition, the Committee monitors the performance of the Chief Executive and executive directors based on their agreed performance objectives.

Matters considered in 2023/24 included:

- Chief Executive's report on individual Directors' performance and objectives
- Annual performance review for Chief Executive
- Review of Very Senior Manager (VSM) Salaries
- Approval of relevant appointments and terminations

Due to nature of the business conducted, Committee minutes are considered confidential and are therefore not in the public domain. The Chair of the Committee draws to the Board's attention any issues that require disclosure to the full Board or require Executive action.



Staff Stories

2,000 robotic urology operations at Eastbourne DGH

In October our urology team reached the fantastic milestone of 2,000 robotic operations performed at Eastbourne DGH.

Speaking about the robotic urology service, Mr Karl Spiteri, Consultant Urologist, said:



"Since the surgical robot was introduced in 2015, the robotic urology service has gone from strength to strength, and we have become a regional urology pelvic cancer referral centre. Having already been at the forefront of cancer surgery in the past with the pioneering of laparoscopic cystectomy and ileal conduit in the UK, urology has been an early adopter of minimally invasive robotic surgery.

"Robotic urology procedures are now performed every day, including major bladder, prostate and kidney cancer operations. Over the years, the use of robotic surgery has transformed these procedures into increasingly precise and safe operations, with improved patient and hospital outcomes. Quicker recovery, reduced pain, reduced complications, reduced length of hospital stay, reduction in blood loss and transfusion requirements, improved continence rates and the ability to perform locally high complexity operations are among the many benefits this programme has delivered. It is exciting to see that the team are also successfully implementing a day case robotic radical prostatectomy service.

"This is all thanks to our team, which is made up of enhanced recovery after surgery nurses, urology cancer nurse specialists, anaesthetists, operating department practitioners, scrub nurses, theatre runners, theatre matrons, the urology service manager, ward nursing colleagues, the acute pain team, the pre-op assessment team, urological surgeons and trainees... the list goes on.

"Also, a massive thank you goes to the Friends of Eastbourne Hospital who funded both our first Da Vinci Si robot in 2015, as well as its replacement Da Vinci X in 2022 – you have really made a difference to patients and staff."

Salary and Pension entitlements of senior managers - Single total figure table – audited

Salary and Pension entitlements of senior managers - Single total figure table – audited

A) Single total figure table

Name and Title	2023.24							2022.23						
	Expense			Performance		Long Term		Expense	Performance		Long Term		All pension- related benefits	TOTAL
	Salary (bands of £5,000) £'000	payments (taxable) to nearest £100 £	pay and bo- nuses (bands of £5,000) £'000	and bonuses (bands of £5,000) £'000	Performance pay (bands of £5,000) £'000	All pension- related benefits (bands of £2,500) £'000	TOTAL (bands of £5,000) £'000		pay and bonuses (bands of £5,000) £'000	performance pay (bands of £5,000) £'000	Performance pay (bands of £5,000) £'000	All pension- related benefits (bands of £2,500) £'000		
Steve Phoenix Chairman	50 - 55	0	0	0	0	0	50 - 55	0	0	0	0	0	55 - 60	
Jackie Churchward-Cardiff Vice Chair (retired 29 February 2024)	10 - 15	0	0	0	0	0	10 - 15	0	0	0	0	0	15 - 20	
Paresh Patel Vice Chairman (from 1st March 2024) and Non-ex- ecutive Director to 29th February 2024.	10 - 15	100	0	0	0	0	10 - 15	0	0	0	0	0	10 - 15	
Joanne Chadwick-Bell Chief Executive	220 - 225	200	0	0	0	10 - 12.5	230 - 235	200	0	0	0	65 - 67.5	265 - 270	
Interim Winter Director ** (left 20th July 2023)	95 - 100	0	0	0	0	0	95 - 100	0	0	0	0	0	130 - 135	
Richard Milner Chief of Staff	120 - 125	0	0	0	0	0	120 - 125	0	0	0	0	30 - 32.5	145 - 150	
Victoria Carruth Chief Nurse & DIPC	145 - 150	0	0	0	0	0	145 - 150	0	0	0	0	35 - 37.5	170 - 175	
Stephen Aumayer Chief People Officer and Deputy Chief Executive	155 - 160	0	0	0	0	22.5 - 25	180 - 185	0	0	0	0	32.5 - 35	170 - 175	

Name and Title	2023.24												2022.23			
	Long Term						Long Term									
	Expense		Performance		Long Term		Expense		Performance		Long Term					
	Salary (bands of £5,000) £'000	payments (taxable) to nearest £100 £	pay and bo- nuses (bands of £5,000) £'000	and bonuses (bands of £5,000) £'000	All pension- related benefits (bands of £2,500) £'000	TOTAL (bands of £5,000) £'000	Salary (bands of £5,000) £'000	payments (taxable) to nearest £100 £	pay and bonuses (bands of £5,000) £'000	and bonuses (bands of £5,000) £'000	All pension- related benefits (bands of £2,500) £'000	TOTAL (bands of £5,000) £'000				
Damian Reid Chief Financial Officer	155 - 160	0	0	0	0	155 - 160	145 - 150	0	0	0	37.5 - 40	185 - 190				
Simon Merritt Chief Medical Officer * (2022.23 figures are part year from 5th September 2022 to 31st March 2023)	220 - 225	0	0	0	75 - 77.5	295 - 300	115 - 120	0	0	0	5 - 7.5	120 - 125				
Chris Hodgson Director of Estates and Facilities	130 - 135	0	0	0	0	130 - 135	115 - 120	0	0	0	32.5 - 35	150 - 155				
Charlotte O'Brien Chief Operating Officer (from 17th July 2023) and Director of Transform- ation & Improvement to 16th July 2023.)	145 - 150	0	0	0	27.5 - 30	175 - 180	75 - 80	0	0	0	42.5 - 45	120 - 125				
Simon Dowse Director of Transforma- tion & Improvement (from 4th September 2023)	70- 75	0	0	0	15 - 17.5	85 - 90										
Karen Manson Non-Executive Director	10 - 15	0	0	0	0	10 - 15	10 - 15	0	0	0	0	10 - 15				

Pension Benefits (audited)

B)

Name and Title	Real increase in pension at pension age (bands of £2500) £'000	Real increase in pension lump sum at pension age (bands of £2500) £'000	Total accrued pension at pension age at 31 March 2024 (bands of £5000) £'000	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5000) £'000	Cash equivalent transfer value at 1 April 2023 £'000	Real increase in Cash Equivalent Transfer value £'000	Cash equivalent transfer value at 31 March 2024 £'000	Employer's contribution to stakeholder pension £'000
Joanne Chadwick-Bell Chief Executive	0	42.5 - 45	70 - 75	185 - 190	1,191	278	1,618	0
Richard Milner Chief of Staff	0	30 - 32.5	30 - 35	85 - 90	583	91	750	0
Victoria Carruth Chief Nurse and DIPC	0	35 - 37.5	50 - 55	135 - 140	886	173	1,167	0
Stephen Aumayer Chief People Officer and Deputy Chief Executive	0 - 2.5	0	15 - 20	0	220	44	306	0
Damian Reid Chief Financial Officer	0	37.5 - 40	35 - 40	85 - 90	672	39	804	0
Simon Merritt * Chief Medical Officer	0 - 2.5	35 - 37.5	50 - 55	140 - 145	708	225	1,073	0
Chris Hodgson Director of Estates & Facilities	0	20 - 22.5	50 - 55	135 - 140	979	151	1,246	0
Charlotte O'Brien Director of Transformation & Improvement	0 - 2.5	40 - 42.5	45 - 50	120 - 125	659	227	972	0
Simon Dowse Director of Transformation & Improvement	0 - 2.5	0	5 - 10	0	110	2	140	0

* - Dr Merritt chose to be covered by the pension arrangements from 1st June 2023.

Non-executive Directors do not receive pensionable remuneration, hence there are no entries in respect of pensions.

Joanne Chadwick-Bell is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted for a zero.

Richard Milner is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted for a zero.

Victoria Carruth is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted for a zero.

Damian Reid is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted for a zero.

Chris Hodgson is affected by the Public Service Pensions Remedy and their membership between 1st April 2015 and 31st March 2022 was moved back into the 1995/2008 Scheme on 1st October 2023. Negative values are not disclosed in this table but are substituted for a zero.



Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 200826.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance has been used in the calculation of 2023 to 24 CETV figures.

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).

Payments to Past Directors (audited)

No payments to past directors were made during the year 2023/24.

Payment for loss of Office (audited)

No payments for loss of office were made during the year 2023/24.



Note on Pension-related benefits (Table A)

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Factors determining the variation in the values recorded between individuals include but are not limited to:

- A change in role with a resulting change in pay and impact on pension benefits
- A change in the pension scheme itself
- Changes in the contribution rates
- Changes in the wider remuneration package of an individual



Pay Ratios (audited)

Year	25th Percentile Pay	Median Pay Ratio	75th Percentile Pay
2023-24	10.73:1	7.85:1	5.83:1
2022-23	8.41:1	6.10:1	4.53:1

The pay ratios have increased from those of 2022/23, this is mainly due to the increase in the banded remuneration of the highest paid director, offset by the effects of the 2023/24 pay award for Agenda for Change staff which included one-off payments of 2% of salary and a backlog bonus (see below).

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director / member in their organisation and the median remuneration of the organisation's workforce, as well as showing the 25th and 75th Percentiles.

Year	2023-24	2022-23	% change
Average cost per FTE for all employees excluding highest paid director (Annualised basis)	£50,649	£45,307	+11.81%

The increase in average cost is principally due to the wage awards applicable from 1st April 2023.

Year	2023-24	2022-23	% change
Band of highest paid director	£285k-£290k	£200k-£205k	+41.98%

The banded remuneration of the highest paid director in the Trust in the financial year 2023/24 was £285k-£290K (2022/23 £200k-£205k). This was 7.85 times (2022/23 - 6.10) the median remuneration of the workforce, which was £36,625 (2022/23, £33,182).

The increase in the banding since 2022/23 is due to the annualised full-time equivalent calculation that is required for the Agency Winter Director who was in post to 20th July 2023.

2023-24	25th Percentile	Median	75th Percentile
Total remuneration (£)	£26,800	£36,625	£49,321
Salary component of total remuneration (£)	£26,800	£36,625	£49,321
Pay ratio information	10.73:1	7.85:1	5.83:1
2022-23			
Total remuneration (£)	£24,086	£33,182	£44,657
Salary component of total remuneration (£)	£24,086	£33,182	£44,657
Pay ratio information	8.41:1	6.10:1	4.53:1

In 2023/24 there were six (a decrease on twenty-four employees in 2022/23) employees who received remuneration in excess of the highest paid director. Remuneration ranged from £5,000 to £447,047 (2022/23 £5,000 to £308,644).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.



Staff Report

Staff fact file



76.2% of our staff are female



5.9% of staff identified themselves as disabled



37% of all staff work part-time



3.4% identified themselves as either gay, lesbian, bisexual or other sexual orientation



35% of staff are over 50 years old

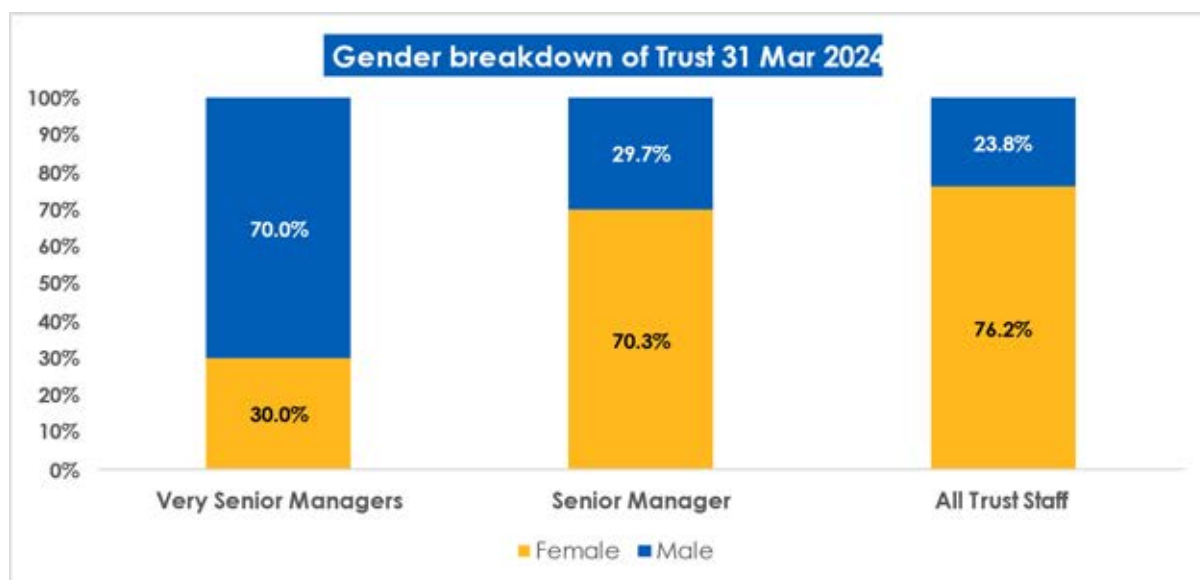


23% of staff are from a black or minority ethnic (BME) origin

As of 31 March 2024



Gender distribution by Directors, Other Senior Managers and Staff



Senior Managers include all staff on Agenda for Change Bands 8a-9.

Trust Board Diversity

The proportion of our multicultural colleagues is 23% across ESHT, an increase of 5.5% over the last four years. As of 31st March 2024, the Board was 86.7% white and 6.7% multicultural and 6.7% unknown. The difference between multicultural representation in the workforce and on the Board, overall is -16.3%.

Number of Senior Managers by band at 31 March 2024

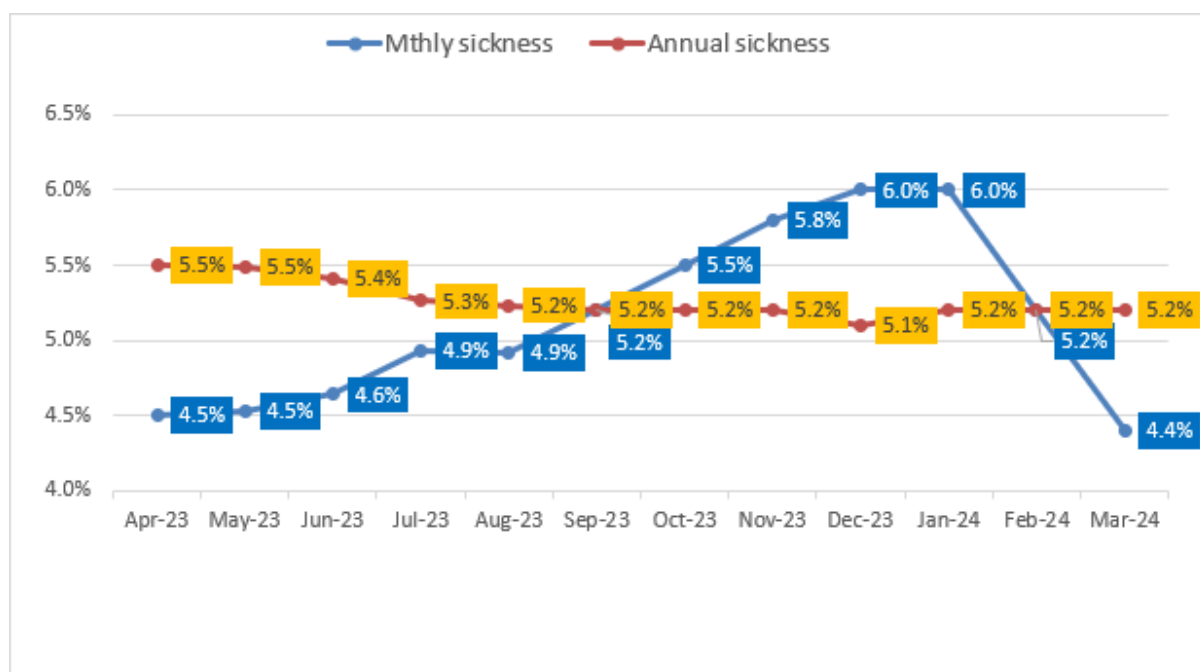
Senior Managers	FTE
Very Senior Managers payscale	10
Agenda for Change Band 9	17.3
Agenda for Change Band 8d	8
Agenda for Change Band 8c	40.5
Agenda for Change Band 8b	96
Agenda for Change Band 8a	245.9

(NB FTE = Full-time Equivalent)



Staff Absence Data

The annual sickness rate saw a steady decline in 2023/24 from 5.5% to 5.2% as the lasting effects of Covid worked their way out of the figures. There is still a legacy, however, of higher respiratory illness than pre-pandemic as reflected in the peak in monthly sickness in the winter months, up to 6.0% in Dec 23 & Jan 24. Monthly rates began to fall again, with the onset of Spring, down to 4.4% in March 24. The average working days lost due to sickness per full-time equivalent member of staff during 2023/24 was 11.6, a reduction on the figure of 13.8 that was reported in 2022 (according to Cabinet Office methodology).



Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by NHS Digital from ESR Data Warehouse		
Average FTE yrs 23/24	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
7,416	85,786	2,707,016	139,164	11.6

NHS Sickness Absence Figures for NHS 2023-24 Annual Report and Accounts

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse

Period covered: January to December 2023

Data items: ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year. For the Annual Report and Accounts the following figures are used:

- The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365.
- The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure.
- The average number of sick days per FTE has been estimated by dividing the FTE Days by the FTE days lost and multiplying by 225/365 to give the Cabinet Office measure. This figure is replicated on returns by dividing the adjusted FTE days lost by Average FTE.

Staff Stories

Focus on the Histopathology team for World Cancer Day

On World Cancer Day we spoke to Shinal Amin, Principal Biomedical Scientist, about the role the histopathology team play in the diagnostic process.



"Although the role of consultants and nurses can never be underplayed, there are many different teams and colleagues involved in a patient's journey" explains Shinal.

"When a patient is suspected of having cancer they have to undergo a biopsy. This could come from them being an outpatient or as a result of surgery where tissue is removed. All these samples will then be sent to histopathology. We have to treat every sample we receive as a potential cancer diagnosis.

"There are a variety of tests all these samples will go through as we try to find out if that patient has cancer. But this isn't where histopathology's input stops. Once the diagnosis has been confirmed there is the next set of questions the team has to answer. What kind of cancer is it? What stage is that cancer at? What is the best way to treat it? We can now be so much more targeted in the way we treat cancer, so the role histopathology plays is becoming much more vital due to way we can now use the genetics of the patient and tumours themselves to discover more information.

"In the 25 years I have been working, the methods have evolved and we are able to detect cancer much earlier, which translates to better patient outcomes."

Analysis of Staff and Costs for 2022/23 (audited)

Staff Costs

	Permanent £000	Other £000	2023/24 Total £000	2022/23 Total £000
Salaries and wages	305,221	33,151	338,372	320,263
Social security costs	33,096	3,585	36,681	34,272
Apprenticeship levy	1,627	176	1,803	1,639
Employer's contributions to NHS pension scheme	50,133	5,430	55,563	50,532
Pension cost - other	85	9	94	105
Other post-employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	2	-	2	107
Temporary staff	-	12,206	12,206	12,776
Total gross staff costs	390,164	54,557	444,721	419,694
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	390,164	54,557	444,721	419,694
Of which				
Costs capitalised as part of assets	675	-	675	510

Average Number of Employees (WTE Basis)

	Permanent Number	Other Number	2023/24 Total Number	2022/23 Total Number
Medical and dental	747	134	881	833
Ambulance staff	-	-	-	-
Administration and estates	1,362	52	1,414	1,383
Healthcare assistants and other support staff	2,245	291	2,537	2,491
Nursing, midwifery and health visiting staff	2,163	210	2,373	2,248
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	723	41	764	676
Healthcare science staff	112	9	121	167
Social care staff	-	-	-	-
Other	8	-	8	7
Total average numbers	7,359	738	8,098	7,805
Of which:				
Number of employees (WTE) engaged on capital projects	8	0	8	8

Exit Packages (audited)

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	2	2
£10,000 - £25,000	-	-	-
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	-	2	2
Total cost (£)	£0	£7,000	£7,000

Reporting of compensation schemes - exit packages 2022/23

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	3	3
£10,000 - £25,000	-	2	2
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	1	1
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	-	6	6
Total cost (£)	£0	£107,000	£107,000

Exit packages: other (non-compulsory) departure payments

	2023/24		2022/23	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	1	5	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	1	2	6	107
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	2	7	6	107
Of which:	-	-	-	-
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Expenditure on Consultancies

During 2023/24, the trust's total spending on consultancies was £59,000 (see Accounts, note 7)

Off-payroll Engagements

Table 1: Length of all highly paid off-payroll engagements:

For all off-payroll engagements as of 31 March 2024, for more than £245 per day:

	Number
Number of existing engagements as of 31 March 2024	3
Of which, the number that have existed:	
- for less than one year at the time of reporting	2
- for between one and two years at the time of reporting	1
- for between two and three years at the time of reporting	0
- for between three and four years at the time of reporting	0
- for four or more years at the time of reporting	0

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245(1) per day

	Number
No. of temporary off-payroll workers engaged between 1 April 2023 and 31 March 2024	18
Of which...	
No. not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35(2)	0
No. subject to off-payroll legislation and determined as out of scope of IR35	18
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

Table 3: Off-payroll board member / senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	1
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements (2)	19

People Policies

Vacancies for positions within the trust are advertised both internally and externally, through our trust website and NHS Jobs2. Applicants with a disability are encouraged to apply through the 'Disability Confident' scheme indicator which enables managers to ensure that all applicants with a disclosed disability, who meet the minimum requirements as set out in the person specification, are called for interview under our guaranteed interview scheme. We treat internal and external applicants in exactly the same way.

Following renewal, the Equality, Diversity and Inclusion (EDI) Policy has been successfully updated and ratified to reflect the latest EDI protocols. The development of the new Equality and Human Rights Impact Assessment (EHIA) saw a more coherent, concise and easy to use document developed for services and individuals proposing changes to services, policies and/or procedures. This document is also now ratified and published.

In ongoing work to support the workforce with marginalised protected characteristics we have updated and published the disability and health passport. This was coproduced with our disAbility network and specific input from the A-typical group who supported the developments of additions to understanding of neurodiversity in the workplace. To compliment the work on the disability and health passport we have also produced a guide on Championing Neurodiversity which provides guidance and examples of practical application detailing how to champion.

As part of our ongoing commitment to the Armed Forces Communities we have developed and published internal and external webpages that set out support for patients and colleagues and how that can be accessed. To compliment this work, we have produced an Armed Forces Policy that brings together information on what colleagues can expect from ESHT and guidance to support managers. The EDI team have also had some dedicated time with our HR solutions team to fully socialise the policy should any questions arise. This work has led to us achieving the silver award in the Defence Employer Recognition Scheme.

The new reasonable adjustment process is continuing to develop, the clear pathways have ensured a smoother process for colleagues requiring reasonable adjustments in their role and the EDI Team have developed close relationships with Occupational Health, Procurement and our IT and Digital Teams.

Although the ultimate aim has been to ensure that we support colleagues to remain healthy and supported to be in work we have also achieved financial success, we have been able to recoup over 60% of our spend back through the government's access to work scheme

When necessary, our human resources department provides support for staff and line managers to ensure that, wherever possible, staff seeking alternative posts due to health issues are supported to identify alternative suitable employment. Support is made available from the occupational health department, the equality, diversity and inclusion team and local disability advisors as required.

We further ensure that equality is embedded throughout the trust via personal development reviews, team briefings, and within a variety of trust communications.

Relevant policies are presented to the staff networks to ensure staff with protected characteristics are involved in decision making processes across the trust.



Culture and workforce wellbeing

Our aims for the trust are ambitious. We want to:

- be outstanding for patients and the communities we serve
- be outstanding for people, including employees, trainees, students on placements, and volunteers; and
- to be recognised as outstanding by the CQC while making every moment the best it can be

We have set out a number of key objectives that will support our ambition to achieve these aims.

- to define our trust's desired culture
- to hold senior leaders, including the Executive leadership team, to account for behaviours
- to create 'one team' behaviours where silo working does not exist
- to work with "challenged areas" in our trust

We actively listen to our colleagues through the national NHS staff survey, other surveys, listening events and visits to clinical and non-clinical areas. We use this feedback to inform leaders across the trust and to help them plan their culture and wellbeing plans and activities.

In April 2024 we launch our new trust Values. These have been developed after comprehensive work by our Partnership Forum and engagement and listening events lead by our executive team. These events were attended by 700 of our people with a further 100 contributing to a survey.



Freedom to Speak Up Guardians

The roles of Freedom to Speak Up Guardians and the National Guardian for the NHS were established in 2016 following recommendations made by Sir Robert Francis' Freedom to Speak Up Inquiry.

Guardians support workers to speak up when they feel that they are unable to do so by other routes. They ensure that people who speak up are thanked, the issues they raise are addressed and that the person speaking up receives feedback on the actions taken. Across the NHS there is now a network of over 1,000 Freedom to Speak Up Guardians and over 100,000 cases have been reported to them since their establishment. Dominique Holliman and Ruth Agg are both employed as Guardians and abide by the guidance issued by the National Guardian's office.

It is essential to have a culture in which workers feel safe to speak up about anything that gets in the way of delivering safe, high-quality care. Embracing freedom to speak up by listening to and acting on the suggestions and concerns of workers is critical for learning and improvement.

Freedom to Speak Up Guardians undertake both reactive and proactive work to ensure that all colleagues, including students, temporary workforce and volunteers feel able to raise concerns and/or to make suggestions for improvement. Our Guardians endeavour to ensure that their reach extends to minority groups and those that may face barriers to speaking up. Key progress has been made in increasing Guardian visibility, facilitating training, delivering bespoke speak up awareness and update sessions and supporting line managers to feel confident to receive concerns and to promote psychological safety. Guardians also work closely with key groups and networks to share anonymised intelligence and to scrutinise data and trends to inform proactive pieces of work and collaboration. Encouraging colleagues to undertake speak up training continues to be a priority and the 'Listen Up' module is now mandated for all line managers in our trust.

The Guardians are part of the south-east regional network and regularly meet with Guardian colleagues to share best practice and ensure that all reporting requirements to the National Office are being met. Progress and anonymised data is shared at the People and Organisational Development Committee every quarter and the Guardians report in person to the trust Board every six months.

247 speak up concerns were brought to the Guardians between April 2023 and March 2024 with registered nursing and midwifery staff reporting the most concerns in each quarter. Key themes and reasons for speaking up are in line with national data submitted to the National Guardian Office from across the country. Of the 247 concerns raised, only two were raised anonymously.

Data sets from this year's staff survey show that our results were closely aligned with sector comparisons and 60.1% of substantive staff reported that they feel safe to speak up. This is a pleasing increase from the 58.5% reported in 2022. 47.3% reported confidence in their concern being addressed - a 2.4.% increase on last year. 92% of temporary workforce staff reported feeling secure to raise concerns about unsafe clinical practice.

Upon closure of a case, individuals are invited to submit anonymous feedback regarding their experience of contacting the Speak Up Guardians. Over the last year, 100% reported receiving a timely response from the Guardians, 97% felt supported by the Guardians and 97% of respondents stated that they would recommend the Speak Up Guardians and would use the service again.

Speak Up Issues by category and Quarter for FY 2023/24					
Category	Q1	Q2	Q3	Q4	Category Totals
Behavioural / Relationship	1	0	0	0	1
Bullying / Harassment	1	7	2	4	14
Cultural	3	0	0	1	4
Discrimination Disability	1	0	0	2	3
Discrimination Racial	2	0	0	6	8
Discrimination Sexual	0	0	2	0	2
Leadership	0	2	0	3	5
Not Known	0	0	2	6	8
Other Inappropriate Attitudes or Behaviours	15	17	13	30	75
Patient Safety / Quality	7	6	6	11	30
Reprisal	1	0	0	1	2
Senior Management Issue	0	2	0	0	2
Staff Safety	0	1	0	0	1
System / Process	22	26	16	12	76
Violence and Aggression	0	1	1	1	3
Worker Safety or Wellbeing	3	7	3	0	13
Quarter Totals	56	69	45	77	247

Recruitment and staffing

During the year, we were delighted to see a 10% increase in our overall recruitment activity with a significant increase in the number of external applications for roles at all levels. We received a total of 32,150 applications for jobs in the trust. This continued interest in the trust, alongside our planned approach to target hard to recruit posts with external support, meant that we successfully filled a number of hard to recruit posts, particularly at consultant level. There remains a national shortage of candidates for some roles, so along with other NHS organisations across the country, the trust still has shortfalls in some areas.

We reduced the time taken to hire a new member of staff from an average of 40 days in 2022/23 to an average of 29 days in 2023/24. The introduction of new document processing has assisted in reducing time to hire. Continued activity to further reduce the overall time to hire is underway, alongside innovative ways to improve the overall candidate experience. A candidate survey will be introduced in May 2024 to assist with this.

This year also saw the introduction of a bank colleague staff survey for the first time, and we were pleased that the trust's response rate was the best in the region. Action plans are developed to ensure that we continually deliver the best candidate experience.

International nurse recruitment has been maintained, with the trust welcoming 70 new international nurses since April 2023. Candidates have been recruited from a number of countries around the world, with a key focus on the Philippines and India. This forms part of a wider campaign to reduce the number of nurse vacancies at the trust.

During the year:

- We conducted 3,844 interviews
- We carried out 1,741 virtual Right to Work checks on new starters
- We appointed 258 colleagues to medical roles, including junior doctors
- Temporary workforce activity increased by 20%
- Temporary workforce filled 65.8% non-medical and 58.4% medical shifts requested
- We now have 6,452 staff registered on our colleague Bank



NHS Staff Survey 2023

This year, nearly 50% of substantive staff took the time to complete the survey which was a 6% increase on the previous year and just above the national average response rate of 48%.

We have seen an improvement in each of the seven People Promise elements and in particular have seen a significant improvement in the 'We are always learning' element. Our colleagues also responded very positively that they feel valued by their teams and both Morale and Staff Engagement have improved slightly since 2022. 25 question level scores have improved significantly and just one has declined around colleagues experiencing discrimination.

Positive messages:

'We are compassionate and inclusive' - We are proud that 87% of our people feel their role makes a difference to patients/service users

'We are always learning' - 85% of us have had an appraisal in the last 12 months

'We are recognised and rewarded' - 72% of us feel that our immediate manager values our work

'We each have a voice that counts (raising concerns)' - 70% of our people feel secure in raising concerns about unsafe clinical practice and 90% of us feel trusted to do our job

'We work flexibly' - 68% of us feel we can approach our immediate manager to talk openly about flexible working

'We are a team' - 82% of our people enjoy working with colleagues in our team

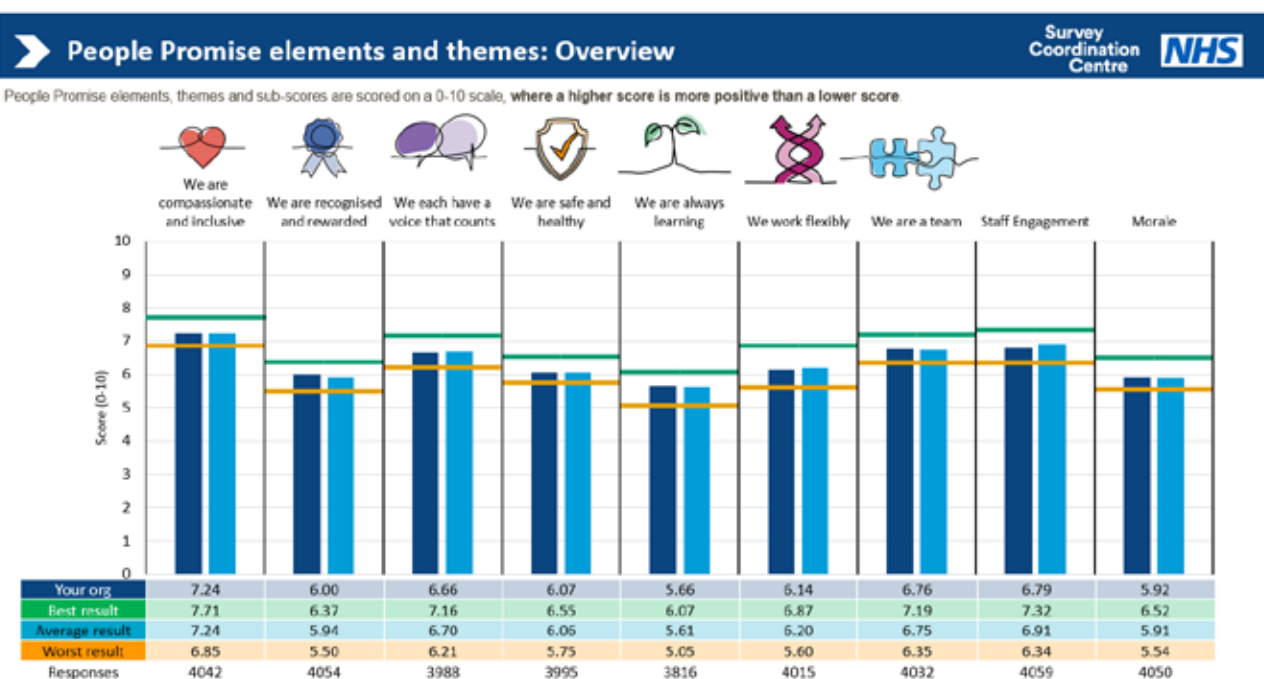
'We are safe and healthy' - 69% of our people say that they, or a colleague, reported when they experienced physical violence at work

We acknowledge that some scores relating to Staff Engagement are low although are improving. Colleagues have generally reported positively on the trust's action on health and wellbeing, however we need to continue to ensure initiatives are well publicised to all our people, including our bank colleagues.

This year, 35% of our bank colleagues completed the NHS Bank Staff Survey and the response rate was the second highest bank response nationally.

The results have shown that 86% of our bank colleagues feel their role makes a difference to patients and service users and 92% feel trusted to do their job. Results have also highlighted that we need to ensure that immediate managers actively listen to concerns raised by our bank colleagues and explain the process of how their concern will be handled and treated seriously.

We know that some of our colleagues are more likely to experience discrimination and violence in the workplace and need to explore the number of our people who experience discrimination outside the traditional protected characteristics.



NHS Staff Survey Results 2023



49%

Response rate

4,071 members of staff completed questionnaires

NHS
East Sussex Healthcare
NHS Trust



We are compassionate and inclusive

87% of our people feel their role makes a difference to patients and service users



We are always learning

85% of us have had an appraisal in the last 12 months



We are recognised and rewarded

72% of our people feel their immediate manager values our work



We are a team

82% of our people enjoy working with the colleagues in their team



We each have a voice that counts (raising concerns)

70% of us feel secure in raising concerns about unsafe clinical practice and 90% of us feel trusted to do our job



We are safe and healthy

69% of our people say that they, or a colleague, reported when they experienced physical violence or harassment or bullying at work



We work flexibly

68% of us feel they can approach their immediate manager to talk openly about flexible working

NHS Staff Survey Results 2023

Bank Staff



35%

Response rate

288 of bank colleagues completed the survey

NHS
East Sussex Healthcare
NHS Trust



We are compassionate and inclusive

86% of our bank colleagues feel their role makes a difference to patients and service users



We are always learning

54% of our bank colleagues feel they have opportunities to improve their knowledge and skills



We are recognised and rewarded

73% of our bank colleagues feel the people they work with show appreciation to one another



We are a team

85% of our bank colleagues enjoy working with the colleagues in their team



We each have a voice that counts (raising concerns)

92% of our bank colleagues feel secure in raising concerns about unsafe clinical practice



We are safe and healthy

85% of our bank colleagues said that the last time they experienced physical violence at work they, or a colleague, reported it



We work flexibly

73% of our bank colleagues feel the organisation is committed to helping them balance their work and home life

Health Inequalities

The trust has developed its approach to health inequalities over 2023/24. We have strengthened our quarterly health inequalities steering group to cover specific items linked to Sussex system priorities (notably alcohol and tobacco prevention).

We have also established an inequalities committee that includes the East Sussex Director of Public Health and reports directly into the Board. It is currently chaired by the trust Chairman to underscore the importance of this area for the trust. The establishment of both the Inequalities Committee sitting alongside an Inequalities Steering Group, will provide oversight and leadership to drive improvements within the trust.

We have begun to provide monthly data to our divisional teams that provides an analysis of the elective waiting list at specialty and hospital location level, and enables us to consider the lists by age, gender, indicators of deprivation and ethnicity. This is supporting our development toward a routine review of elective and emergency activity by a wider range of perspectives, and is consistent with our focus on approaching waiting list management in a more inclusive way.

We are partially compliant with NHSE's requirements to publish information on health inequalities. For elective activity we provide more than simply indicators of deprivation and ethnicity information. For emergency admissions for under 18s, adult inpatient smoking cessation and oral health further development is required and forms part of our business intelligence/analytics work programme for 2024/25.



Workforce Equality and Diversity

The trust is committed to upholding the principles of equality and inclusivity outlined in both The NHS Constitution and the Public Sector Equality Duty to ensure that we deliver high quality care for our patients, colleagues and communities.

In alignment with these standards and our Equality Diversity Inclusion and Human Rights Policy we actively strive to eradicate discriminatory practices and foster an environment where all individuals, regardless of their background or personal characteristics, are treated with dignity and respect.

We prioritise making reasonable adjustments to accommodate disabled individuals, ensuring they have equitable access to healthcare services and employment opportunities. As a Disability Confident Employer Leader, we are dedicated to both hiring and retaining individuals with disabilities, recognising the valuable contributions they bring to our organisation. We coproduce initiatives with our disAbility Network and the A-typical network such as the Disability and Health Passport and wellness activities for disability history month.

We hosted a 'Power of You' event where speakers with disabilities shared their career journeys to increase the confidence of others to progress in their careers. This event had a national turnout. Additionally, we have implemented the NHS England high impact actions to protect our staff, increase representation at all levels, build an inclusive culture, and support colleagues to remain well and in work whilst delivering culturally competent care.

To help meet our objectives relating to people with disabilities, we have centralised the reasonable adjustments process for colleagues; produced a handbook for managers to support them in accessing the right information to support their neurodiverse colleagues; and supported talent management strategies targeting under-representation and diversity gaps. We have partnered with local charities to coproduce the support and the development of our colleagues, most working with a charity to help colleagues build understanding of how to support patients with visual impairments.

The recent publication of the NHS England EDI Improvement plan has set out Six High Impact Actions to address equality practices within trusts. To provide oversight on the High Impact Actions the trust has introduced an Inequalities Sub-Board Committee.

In 2024, the trust achieved accreditation as a Veteran Aware organisation. This marks a commitment to our workforce and patients that ensures the Armed Forces Community are not disadvantaged when accessing healthcare or working at the trust.

Equality and Health Inequality Impact Assessment (EHIA): An improved EHIA form has been systematically included within our policy and service development process. This now includes due regard to members of the Armed Forces Community.

Networks: This year we introduced a Women's Network as part of the ongoing gender pay gap workstream. This sees the total number of networks increase to five, these are: (dis)Ability, LGBTQI+, Multicultural, Faith and Belief and Women's Network. We continue to hold collaborative network meetings for all the network Chairs to facilitate partnership working and promote intersectionality.

Policies, procedures and guidance: To advance support for our people, we have introduced:

1. Armed Forces Policy
2. Gender Transitioning at Work policy
3. Celebrating neurodiversity guidance
4. Managers guide to dealing with hate crime and discrimination

Central Reasonable Adjustment: the mechanism for processing, purchasing and funding reasonable adjustments recommended via Access to Work has been centralised within the EDI team making the process more streamlined and financially sustainable.

Training and eLearning: In 2023/4 we expanded our training offer to include a Microaggression training module and Healthcare for the Armed Forces on MyLearn. EDI modules have been added as a permanent fixture within the trust induction, nurse's preceptorship programme, aspiring leaders' programme and within diversity dialogues.

Multifaith room: A new multifaith room has been opened at the Eastbourne DGH. This larger space provides separate prayer areas for men and women and greater facilities.

Recruitment: We achieved the Bronze Defence Employee Recognition Scheme in November 2023. This marks our continuing commitment to encourage and support recruitment from the Armed Forces Community. Work continues to advance the provisions of EDI representatives on recruitment panels for band 8a and above and to include information on the networks within recruitment paperwork.

Events: Throughout the year, we have organised a plethora of events to raise awareness and celebrate our people, highlights have included: Celebrating female leadership in male dominated industries for International Women's Day, attendance to Eastbourne and Hastings Pride, hosting Hastings and Rother Interfaith Forum and celebrating South Asian Heritage Month.

Psychological wellbeing and safety

Dovetailed within a wider retention programme, several workstreams focusing on the psychological wellbeing and safety of our people have progressed throughout the past year.

Introduction of a new approach to the way in which teams report and assess work related stress has started with monthly sessions supporting managers on how best to facilitate and engage teams, whilst working with them in trying to find ways to mitigate and reduce work stress triggers. To date, 278 departments have completed a team stress questionnaire involving 2113 responses from our people.

TRiM, (Trauma Risk Management), has continued to be embedded within the trust with 33 TRiM practitioners trained to date, 8 of which completed their training in the past year. Since April 2023 there have been 86 referrals for TRiM, 480 of our people have been offered TRiM, 72 people have had the initial TRiM assessment, 45 of our people have had the 1 month follow up and 5 of our people have had the 3 month follow up. In addition, 25 supportive conversations have been held. Qualitative feedback from colleagues accessing TRiM, demonstrates that without this support their psychological wellbeing would have been significantly affected, increasing the risk of them developing PTSD which can lead to longer term challenges and difficulties.

Alongside this we have continued to offer teams and individuals specialist psychological support via our trauma therapists. Although demand from teams has decreased, the need for individual colleagues to access one to one support has increased with 58 colleagues engaging in this service over the past year.

Finally, we have introduced a training programme for Restorative Supervision, working in tandem with our Professional Nurse/Midwifery Advocates, in developing a sustainable, evidence-based framework for supervision that is both effective and accessible. This work remains in its pilot stages, but early indications show that it is being very well received and contributing to a wider scale culture shift within the organisation. 13 sessions of Restorative Supervision have taken place.

Retention

Over the past year there has been a dedicated focus on the Retention of our People with the development of an annual programme of work, based on priorities emerging from current exit data, engagement with leaders in areas of high turnover and intelligence from Freedom to Speak up Guardians and the wider HR division. Initially starting with nine workstreams but quickly increasing to 12, a comprehensive range of elements are included. ESHT has seen turnover continually reduce month on month down to 10.3% in March 2024, the lowest since September 2021.

Priorities for 2024/25 have been agreed, building on existing workstreams but which also align with the ESHT People Strategy and the NHS People Promise. ESHT was successful in a submission to be part of the second wave of exemplar NHS sites for the People Promise and as a result a People Promise Manager will be recruited to ESHT for 12 months to accelerate progress on all aspects that contribute to the retention and wellbeing of our People as aligned with the People Promise. This includes having oversight of the objectives within the wider ESHT People Strategy that are currently in progress, ensuring they are all working in tandem, in order to optimise impact.

Wellbeing of our People

The physical and emotional wellbeing of colleagues continued to be supported during the year by adapting the range of support that on offer to reflect the impact of ongoing pressures. The Wellbeing team focused on the areas our people had highlighted as making the biggest difference following listening events.

216 of our people have been trained in the Mental Health First Aid qualification and a further 24 are due to be trained during 2024/25. The offer of Mental Health Aware Training has increased: to date 52 of our people have been trained since this was introduced in 2023 and a further 108 places are available during 2024.

Wellbeing Conversations with colleagues in the trust have continued with support from the Wellbeing team. To date, 280 managers have attended Wellbeing Conversation training, equipping them to hold Wellbeing Conversations with their team members.

In 2023/24 the wellbeing menu of support has been delivered and a Wellbeing Programme offered increased support and focus on mental and physical health, men's health, menopause, maternity support groups, self-care, understanding compassion and included support sessions and external providers onsite promotional events. These subjects were chosen via feedback from listening events, visits and were identified as being important to our staff.

Menopause Demystified workshops have been delivered, and menopause related absence can now be recorded on ESR, enabling the Wellbeing team to offer or signpost individuals to additional support.

The following interventions have been promoted: Take-a-break campaign, Physical Health promotions, Couch to 5K, Park Run and Walking Groups. A Self-Care Resource page has also been devised. In conjunction with One You East Sussex, 119 health checks for colleagues aged between 40-74 have been provided on site.

Our people have also been supported with their financial wellbeing, with increased signposting and offers of additional support services to all of our people in financial need. The Wellbeing team has continued to work in partnership with WAVE who visited our sites to support our people. The Wellbeing team also work with the local foodbank enabling the team to issue vouchers directly to those in need.

The Wellbeing team has continued to offer bespoke wellbeing support and provided information and signposting for individuals, teams and managers.

In 2023/24 the team visited over 155 teams and provided tailored support, provided 159 bespoke 1:1 calls to support our people, and delivered a variety of support sessions to our teams including self-care, and understanding compassion, whilst working in collaboration with the chaplains.

Throughout the year, the Wellbeing team has been involved in events to thank and celebrate the achievements of our people, including working in collaboration with the wider Engagement and Wellbeing Team on the trust Awards and the Festive Refreshments events in December 2023, where our executive team joined us in distributing refreshments and taking time to talk to and thank colleagues.



Occupational Health

Within 2023, the Occupational Health team achieved SEQOHS Accreditation, which was a significant milestone for the in-house service. The team received praise from SEQOHS inspectors for the work they had done to ensure that the support on offer to colleagues is accessible and the concerted move towards more self-serve options. The Occupational Health team has based the improvement work on learning they had gained from the pandemic, such as enabling people within the organisation to receive OH support 24/7 and not just within opening hours.

Occupational Health has really become focused on how to improve their service, taking the feedback of our service users as starting points for improvement. Measurement of improvements across four core functions of Occupational Health;

- Management Referral Triage (5 Stars)
- Case Management, (5 Stars)
- Vaccination Clinic (4.5 Stars)
- Manager Support Feedback (4.5 Stars)

During the year, Occupational Health continued to be committed to providing the organisation with ever improving and accessible services. The team has demonstrated a strong commitment to our people, with the introduction of new ways of working such as a revised management referral process, which has reduced the average waiting time for an appointment to less than eight working days. In addition the team have improved support for managers by delivering 'OH Manager Bitesize' sessions; two of which have gone ahead with an average of 40 managers attending each session. The team continue to flex to the needs of the organisation whilst delivering core and statutory care. The improvements introduced into the service have provided a robustness and resilience for the team so that they can continue to deliver care and support to the organisation during turbulent and unplanned challenges.

Violence and Aggression

Over the past year, our trust has remained steadfast in our commitment to fostering a safer environment for our patients, visitors, and colleagues. This commitment has been articulated through the following five main objectives that guide our efforts in reducing Violence and Aggression (V&A) across our Acute and Community settings.

- Conducting comprehensive risk assessments and refining operational processes to address identified risks
- Designing and implementing a tailored training program to empower staff in effectively managing and de-escalating instances of violence and aggression
- Enhancing communication channels and providing robust staff engagement and wellbeing support concerning Violence and Aggression
- Continuously reviewing and updating our policies pertaining to Violence and Aggression to ensure alignment with best practices
- Improving governance incident reporting across the trust

The appointment of a Project Manager and an identified senior member of staff from the people directorate, whose responsibilities include being the identified Violence and Prevention lead for the trust, has invigorated our V&A initiatives, resulting in improved governance, progress tracking and benefits realisation.

We have significantly bolstered our incident reporting capabilities and post-incident support systems through enhancements to our Datix system and the implementation of the Trauma Risk Management (TRiM) initiative. The incorporation of our Speak Up Guardians and the Occupational Health Team into the Violence and Aggression Group (VARG) has also ensured comprehensive support for affected colleagues while maintaining governance around post-incidence support for managers throughout the trust.

A comprehensive training programme, focusing on personal safety in the face of potential violence and aggression has been rolled out by our security department, garnering substantial participation and accolades from staff across various wards and divisions. 70% of attendees gave a 5 out of 5 rating of the course content, while 100% stated that they would recommend the training to colleagues to also attend.

Additionally, a thorough Training Needs Analysis (TNA) conducted by our Integrated Education Team has paved the way for strategic partnerships with specialised training providers such as IKON Training, Maudsley Learning and Sussex Partnership Foundation Trust (SPFT), further fortifying our staff's capabilities in preventing and managing workplace violence and aggression.

Our Key Performance Indicators (KPIs) have been reviewed and updated to reflect recent organisational changes, with ongoing efforts to track and meet reduction standards. While progress towards meeting benchmarks remains ongoing, commitment to continuous improvement is unwavering. Furthermore, insights gleaned from National Staff Survey results have informed targeted interventions, particularly in addressing issues of incivility and disrespect among colleagues. Divisional analyses are underway to identify and address hotspot areas, aligning our practices with national benchmarks and enhancing the overall working experience.

Our commitment to transparent communication, continuous policy refinement, strategic partnerships and proactive interventions demonstrates our pledge to prioritise safety and wellbeing. As we move forward, we remain steadfast in our resolve to uphold the highest standards of safety, foster a culture of respect, and continue our collaborative efforts to create a safer, more secure environment for all.

Counter Fraud

One of the basic principles of public sector organisations is the proper use of public funds. The majority of people who work in the NHS are honest and professional and they find that fraud and bribery committed by a minority is wholly unacceptable as it ultimately leads to a reduction in the resources available for patient care.

The Trust Board is committed to maintaining high standards of honesty, openness and integrity within the organisation. It is committed to the elimination of fraud, bribery and corruption within the trust, and to the rigorous investigation of any suspicions of fraud, bribery or corruption that arise.

The trust has procedures in place that reduce the likelihood of fraud, bribery or corruption occurring. These include Standing Orders, Standing Financial Instructions, authorised signatories, documented procedures, procurement procedures, disclosure checks, and whistleblowing procedures. Additionally, the trust, aided by its Local Counter Fraud Specialist (LCFS), attempts to ensure that a risk (and fraud) awareness culture exists within the organisation.

The trust adopts a zero tolerance attitude to fraud and bribery within the NHS. The aim is to eliminate all fraud and bribery within the NHS as far as possible.



Sustainability

Care Without Carbon - Delivering Sustainable Healthcare

Care Without Carbon (CWC) is shorthand for a sustainable NHS. It is a simple idea that reflects not only the trust's strategic goal 'value and sustainability', but also its wider philosophy and vision to ensure the high quality of care being delivered today is available in the future.

This is reflected in the trust's Sustainable Healthcare Principles:

- Healthier lives: Making use of every opportunity to help people to be well, to minimize preventable ill-health, health inequalities and unnecessary treatment, and to support independence and wellbeing.
- Streamlined processes and pathways: Minimising waste and duplication within the trust and wider health system to ensure delivery of safe and effective care.



- Respecting resources: Where resources are required, prioritizing use of treatments, products, technologies, processes and pathways with lower carbon, environmental and health impacts.

The CWC vision is: “Together we lead the way in Net Zero Carbon healthcare; protecting the environment on which our health depends.”

Delivering this will drastically reduce the trust’s environmental impact and also deliver real health benefits to patients and the wider community; reduced emissions means reduced admissions.

Through our Green Plan, we are committed to addressing sustainability in three key areas:

Our impact on the environment as a trust, as well as our performance in 2022/23 against each of the elements of the Green Plan are detailed below.

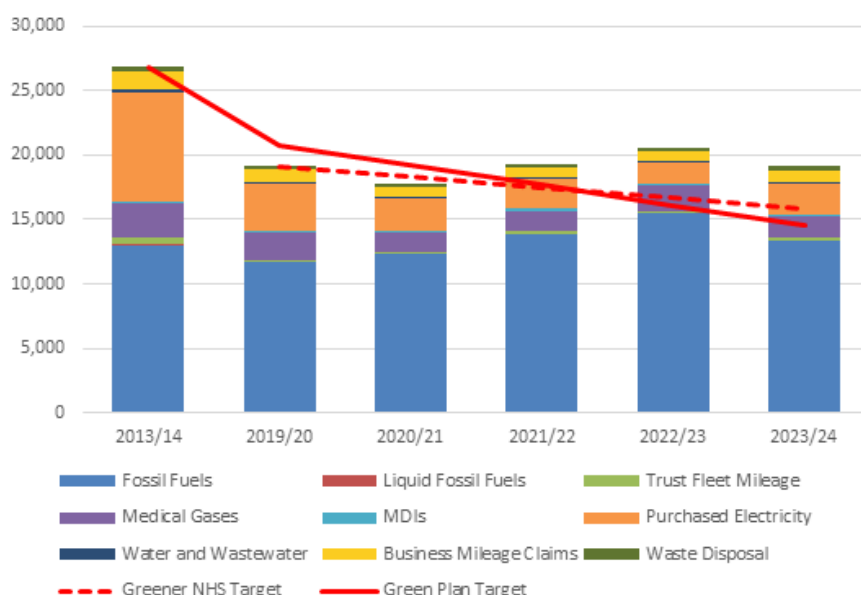
1. Mitigation: Reaching Net Zero Carbon by 2040 for our direct emissions and 2045 for our indirect emissions.
2. Adaptation: Adapting our service and infrastructure to current and predicted impacts of climate change in Sussex.
3. Wider environmental impacts: Reduce our impact on areas such as air pollution, biodiversity, water and waste in line with the requirements of the Environment Act 2021.

These reflect the requirements of both the Greener NHS climate change strategy and the Health and Social Care Act 2022.

The full Green Plan is available online: [Our-Green-Plan](#)

Our environmental impact

Our environmental impact is measured by our Carbon Footprint, the direct emissions associated with trust operations and service delivery. This is made up from the energy used to heat our premises; the electricity we consume; the water we use; emissions from trust owned vehicles and from our business travel (or 'grey fleet') mileage, which includes the miles driven in staff-owned vehicles.



Emissions Source	2013/14	2019/20	2022/23	2023/24
Fossil Fuels	13,021	11,652	15,444	13,353
Liquid Fossil Fuels	71	0	0	0
Trust Fleet Mileage	519	182	185	201
Medical Gases	2,659	2,135	2,051	1,649
MDIs	140	140	149	154
Purchased Electricity	8,447	3,673	1,600	2,473
Water and Wastewater	207	165	72	75
Business Mileage Claims	1,473	903	773	896
Waste Disposal	277	285	326	316
TOTAL	26,814	19,135	20,600	19,117

Figure 3: Trust Carbon Footprint, including Green Plan and Greener NHS defined base years, as well as the current and previous year emissions.

The trust's absolute carbon footprint has reduced by 29% (7,697 tonnes CO₂e) since our Green Plan base year in 2013/14.

Emissions dropped in 2023/24 compared to the previous year as a result of the completion large-scale carbon reduction project at Eastbourne District General Hospital, with immediate reductions attributed to improved insulation and installation solar PV at the site. However, emissions from electricity increased as a result of the Combined Heat and Power (CHP) system at Eastbourne being offline for much of the year and a lower than expected reduction in emissions from decarbonisation of the national grid. From 2024/25 onwards, the large carbon reduction project at Eastbourne stands to save the trust over 4,000 tCO₂e annually.

The trust has continued work to reduce emissions associated with Medical Gases, blocking use of Desflurane across all sites, and working to decommission Nitrous Oxide manifolds in favour of more efficient piped bottle supply. This has resulted in a 1,010 tCO₂e (38%) decrease in emissions from the 2013/14 base year, and 402 tCO₂e (20%) decrease from the previous year. Work is continuing in to 2024/25 to further reduce emissions from this significant contributor to the trust's overall carbon footprint.

Our journeys, which include all business-related travel and staff driving their own vehicles for work purposes are also measured using our carbon footprint. We have seen a reduction in travel emissions of 45% since our base year. This is partly due to more agile working practices since the pandemic, however emissions related to journeys have increased consecutively from 2020/21 as travel behaviour returns towards pre-pandemic norms.



Governance

The trust's Board Lead for Sustainability and Net Zero is Chris Hodgson, Director of Estates and Facilities. The Care Without Carbon team is responsible for producing the Green Plan and implementation strategy and supporting the trust to lead on implementation and reporting against the Green Plan programme across the trust.

In 2023, a new governance structure was implemented, including a cross-organisational steering group for the Green Plan programme. The Green Plan Steering Committee (GPSC) was initiated in March 2023 to oversee delivery of the Green Plan and runs quarterly, chaired by the trust's Board lead for Sustainability and Net Zero. Membership includes key stakeholders from across the trust including clinical and non-clinical representation as well as the NHS Sussex sustainability lead. Each of the trust's eight Green Plan workstreams are represented by a CWC team lead and a trust lead.

Progress of the programme is reported through the Green Plan Steering Committee to the Executive Committee and an additional Green Plan Board Report is produced every six months.



Key highlights 2023/24

In the past year, substantial progress has been made across various workstreams within our trust, each contributing to our overarching sustainability goals. Here's a detailed update on each of the eight workstreams:

Evolving Care - Developing and enabling lower carbon and more sustainable models of care.

In the Evolving Care workstream, significant strides have been made towards reducing the environmental impact of our healthcare practices. Desflurane, a potent greenhouse gas, has been successfully decommissioned at both Conquest Hospital and Eastbourne DGH, eliminating its environmental impact. Additionally, an external audit identified substantial wastage of Nitrous Oxide, prompting the development of an action plan to reduce waste and carbon emissions. Furthermore, ongoing investigations into volatile capture modifications for anaesthetic machines aim to further reduce greenhouse gas emissions in our healthcare facilities.

Places - Ensuring our places are low carbon and protect local biodiversity whilst supporting wellbeing for staff, patients and visitors.

Our Places workstream is at the forefront of implementing initiatives to enhance energy efficiency and resilience across trust facilities. One of the most significant projects within this workstream is the Eastbourne DGH Hospital Decarbonisation project. This project aims to reduce carbon emissions and enhance energy resilience through the adoption of sustainable heating technologies.

The activation of solar power at Eastbourne District General Hospital has already resulted in significant energy savings, with preliminary data indicating a positive impact on carbon emissions. This demonstrates our commitment to leveraging renewable energy sources to reduce our environmental footprint.

Notable progress has been made with the Eastbourne District General Hospital Hospital decarbonisation project, with the activation of heat pumps and the acquisition of standby generators. Heat pumps offer a sustainable alternative to traditional heating systems, significantly reducing carbon emissions associated with heating operations. Furthermore, the acquisition of standby generators enhances our energy resilience, ensuring continuity of critical services during power outages or disruptions. We anticipate great reductions in carbon emissions and increased energy efficiency within the hospital. The successful implementation of this project not only aligns with our sustainability goals but also demonstrates our commitment to providing environmentally responsible healthcare services to our community.

Energy benchmarking has identified discrepancies in gas consumption at Conquest Hospital and Eastbourne District General Hospital compared to other sites with similar infrastructure. Investigations have been initiated to identify the root causes of these variations and implement corrective measures. This holistic approach to energy management underscores our dedication to optimising resource utilisation and reducing our environmental impact across all trust facilities.

Journeys - Ensuring the transport and travel that links our care and our communities is low cost, low carbon and conducive to good health and wellbeing.

Efforts within the Journeys workstream focus on reducing travel-related emissions and promoting sustainable transportation options for staff. Staff Commute emissions have been estimated at 2,017 tonnes CO₂e per annum based on trust parking permit data, highlighting the need for targeted interventions to reduce travel-related emissions.

The installation of 10 electric vehicle charge points at Eastbourne District General Hospital solar shaded car park is a significant milestone, expected to promote the adoption of electric vehicles among staff. A comprehensive communication plan has been developed to raise awareness and encourage usage. Efforts to promote alternative travel options and reduce single occupancy travel have been intensified, including roadshows, digital solutions for car sharing, and engagement with public transport operators.



Circular Economy - Respecting our health and natural resources by creating an ethical and circular supply chain.

A working group has been established to introduce recycling of metal instruments and replace single-use instruments with robust reusable alternatives, contributing to waste reduction and resource conservation. This, combined with the delivery of waste segregation and recycling action plans led to a 15% increase in recycling rates for materials like metal, cardboard, and IT hardware.

Food waste management has been improved, first by reducing food waste by introducing a digital ordering system for patients, and secondly by expanding food waste collection to include plated food waste and sending 100% of food waste collected for anaerobic digestion. We have also successfully diverted over 80% of vegetation/grounds waste from leaving the site by implementing mulching and chipping practices.

Thanks to improved waste stream management in Theatres, clinical waste proportions have been progressed to meet the 60%/20%/20% targets for offensive, high-temperature incineration and infectious waste, respectively, by the end of the year.

Procurement Initiatives:

In the realm of procurement, we've taken significant steps to enhance sustainability. We've introduced 10% Net Zero requirements for all new contracts, aiming to reduce the environmental impact of our supply chain. Additionally, we've initiated a process audit to ensure that these criteria bring the desired value to procurements. With the Procurement Act 2023 (Gov) effective from October 2024, we're gearing up for enhanced implementation and compliance.

A procurement Carbon Hotspot Analysis has been performed to identify high-impact procurement areas and contracts for targeted projects, aimed at reducing carbon emissions and promoting circularity.

Through these initiatives, we're not only reducing our environmental footprint but also promoting responsible and sustainable practices throughout our procurement processes.

Efforts are being made to improve paper usage practices, including the inclusion of recycled paper in tender processes and addressing challenges related to recycled paper contrast impacting photocopying in specific areas like A&E. This initiative aims to promote sustainable paper consumption and reduce environmental impact.

Culture - Empowering and engaging people to create change to progress us towards net zero.

Cultural change towards sustainability is a key focus area within our trust. The launch of the ICS-wide staff engagement campaign "Together To Zero" has fostered a culture of sustainability across trust facilities, supported by regular news content and the appointment of a dedicated POC for the Culture Workstream. These efforts aim to embed sustainability principles into everyday practices and drive continuous improvement.

Wellbeing - Supporting people to make sustainable choices that enhance their wellbeing.

The Wellbeing workstream has been actively pursuing various initiatives to support staff health and resilience. A comprehensive three year Wellbeing strategy, informed by staff feedback and aligned with sustainability goals, is nearing completion. This strategy encompasses seven priorities, aligned with the People Promise, including promoting physical and mental health, increasing flexibility, and supporting staff returning to the workspace.

Routine monthly meetings have been established to review NHS Staff Survey results, providing valuable insights into staff wellbeing and informing targeted interventions.

Notable Wellbeing improvement projects include initiatives to promote physical activity, such as the “Couch to 5K” program and walking groups, aimed at encouraging staff to adopt healthier lifestyles. Additionally, efforts have been made to support mental health through initiatives like monthly focus on mental health awareness and access to counselling services.

Flexibility in working arrangements have been identified for improvement with proposals to increase the flexible working opportunities and pilot self-rostering systems to improve work-life balance. The Wellbeing workstream remains committed to creating a supportive work environment that enhances staff wellbeing and productivity, ensuring that staff feel valued and supported in their roles.



Climate Adaptation -Building resilience to our changing climate in Sussex.

Preparing for climate change impacts is crucial for ensuring the resilience of our healthcare services. The development of the Climate Impact Assessment Report represents a significant step towards understanding localised impacts and engaging stakeholders in the adaptation process. The trust plans to develop this work to produce localised trust-level risk assessments and develop site-specific Climate Adaptation plans to enhance our resilience to climate-related risks and support continuity of care.

Partnerships and Collaboration - Enhancing our impact by working with others.

Collaborating with external stakeholders is essential for maximising our sustainability impact. The establishment of the Green Plan Steering Committee enhances collaboration and oversight of Green Plan delivery, ensuring alignment with strategic objectives. Ongoing collaboration with local stakeholders and authorities aims to leverage partnerships to develop programmes of work that improve local air quality and achieve shared sustainability goals. These collective efforts across our eight workstreams reflect our commitment to sustainability and resilience, driving positive change within our trust and beyond.



Task force on climate-related financial disclosures (TCFD)

The Department of Health and Social Care Group Accounting Manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance pillar for 2023/24. These disclosures are provided above (in relation to our progress against the Net Zero carbon trajectory), and below in relation to governance and reporting of climate-related issues.

Governance and reporting (Board Oversight of Climate Related Issues):

The trust's Board approved Green Plan outlines our commitment to the Net Zero NHS trajectory and with an associated action plan to deliver against it, in line with NHS requirements. The Director of Estates and Facilities is Board Lead for Sustainability and Net Zero.

Delivery of the trust's Green Plan is reported and monitored through the trust's quarterly Green Plan Steering Committee and reported to Board every 6 months, as described earlier in this report, under Governance. The 6-month board report provides a summary of progress made against our overall Green Plan targets and across workstream actions and projects. The report includes data visualisations to highlight trends, progress and escalations as is required. An update on progress against our Green Plan, including an updated trust Carbon Footprint assessment is also provided each year through the trust Annual Report.

Delivery of the Green Plan also aligns to our Strategic Aims and Values at East Sussex Healthcare Trust of “improving the health of our communities”, “collaborating to deliver care better”, Empowering our people” and “ensuring innovative and sustainable care”.

With regards to external reporting, delivery against the national NHSE Delivering a Net Zero NHS strategy is monitored through our submissions to the quarterly Greener NHS return, and the annual Greener NHS fleet return, and the regional Memorandum of Understanding.

In this report, we provide an overview of how our governance structure actively contributes to the delivery of our sustainability strategy, particularly through the implementation of our Green Plan. Opportunities and risks to future sustainability are identified, assessed and addressed through the trust’s sustainability programme and supporting governance, with a dedicated risk assessment of the trust’s Green Plan planned for 2024/25. Our governance framework, outlined earlier in this report, ensures that environmental considerations are integrated into our decision-making processes and organisational strategy. Through regular updates to the board and oversight from the Green Plan Steering Committee, chaired by our Board Lead for Sustainability and Net Zero, we actively monitor progress towards our sustainability goals, demonstrating our commitment to a greener, more resilient future for our organisation and the communities we serve.

This accountability report was approved by the Board on 13 June 2024 and signed on its behalf by:

Signed



Chief Executive

Date 13 June 2024

Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.
-

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed



Chief Executive

Date 13 June 2024



Annual Governance Statement



1. Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.



2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of East Sussex Healthcare NHS Trust, to evaluate the likelihood of those risks materialising and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in East Sussex Healthcare NHS Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.



3. Capacity to handle risk

There are robust processes in place throughout the organisation to enable identification and management of current risk and anticipation of future risk. Leadership arrangements for risk management are clearly documented in the trust's Risk Management Policy which provides a clear, systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, management and financial processes across the organisation. This Policy was updated in March 2023.

Leadership starts with the Chief Executive having overall responsibility, with delegation to named Executive Directors and Divisional and clinical leaders. The leadership is further embedded by ownership at a local level by managers taking responsibility for risk identification, assessment and analysis. Terms of reference clearly outline the responsibilities of committees for oversight of risk management.

All new members of staff are required to attend a mandatory induction that encompasses key elements of risk management. This is further supplemented by local induction. The organisation provides mandatory and statutory training that all staff must complete, and in addition to this, specific training about individuals' responsibilities is also provided. There are many ways that the organisation seeks to learn from good practice and these include incident reporting procedures and debriefs, complaints, claims and proactive risk assessment. This information is filtered to frontline staff through incident reporting feedback, team meetings and briefings, the extranet and newsletters.

Risk and Control Framework

The trust has in place an ongoing process to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives;
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically;
- Ensure lessons are learnt from concerns and incidents in order to share best practise and prevent reoccurrence.

Risk management requires participation, commitment and collaboration from all staff. Risks are identified, analysed, evaluated and controlled through a robust governance process which includes incident reporting, risk assessment reviews, clinical audits and other clinical and non-clinical reviews with a clearly defined process of escalation to risk registers.

The risk registers are real-time documents which are populated through the organisation's risk assessment and evaluation processes. This enables risks to be quantified and ranked. A corporate high level risk register populated from the risk registers of divisions and departments is produced and establishes the organisational risk profile. The trust's risk appetite has been defined by the Board and was refreshed in July 2022. The appetite indicates how much, or little, risk the trust wishes to accept when reviewing service changes or investment.



The trust manages its financial risks using a wide range of management tools. Performance against budgetary targets is recorded, analysed and reported monthly. This information is monitored and challenged both internally and externally. In addition to performance assessment, financial control and management is continually assessed by internal and external audit, and counter fraud teams. Reports from these parties are presented to the Audit Committee. Operational management, finance, purchasing and payroll teams are segregated to reduce conflicts of interest and the risk of fraud. Segregation is enhanced and reinforced by digital control systems which limit authority and access.

Compliance with statutory and regulatory requirements is monitored and actions agreed. This includes Board reviews of an integrated performance report at each Board meeting, tracking performance against standards and actions taken to address variances.

Data security is reported at each meeting of the Audit Committee. Through the trust's Information Governance Steering group, risks are highlighted and mitigating actions scrutinised.



All risks are routinely reviewed at Divisional Governance Meetings and Team Meetings and discussed at Integrated Performance Reviews (IPRs) which take place monthly and involve divisions and the executive team.

The Corporate Risk Register is scrutinised by the monthly Corporate Risk Register meeting and is also presented to the Audit and Quality and Safety Committees. The trust's Board Assurance Framework (BAF) provides assurance that a robust risk management system underpins the delivery of the organisation's principal objectives. It clearly defines the:

- Trust's principal objectives and the principal risks to the achievement of these objectives
- Key controls by which these risks can be managed
- Independent and management assurances that risks are being managed effectively
- Gaps in the effectiveness of controls and assurance and
- Actions in place to address highlighted gaps

The BAF is updated quarterly and was regularly reviewed and revised by the Board and by all of its sub-committees. Gaps in control and assurance related to workforce and finance were also considered by the People and Organisational Development Committee and Finance and Productivity Committee. The Board considered that the BAF identified the principle strategic risks to the organisation and that these risks were effectively controlled and mitigated in order for the trust to achieve its strategic aims and objectives.



Code of Governance for NHS Provider Trusts: The trust Board has received regular updates during the year on the trust's compliance with the provisions of the Code of Governance. The trust has taken an exception based approach to reporting compliance with the Code of Governance within this annual report where this is appropriate and can confirm that the organisation is meeting its obligations as set out by the Code.

Workforce Safeguards: 'Developing Workforce Safeguards' (DWS), a comprehensive set of national guidelines on workforce planning was introduced in 2019 and includes recommendations on reporting and governance approaches to support safe, sustainable and productive workforce planning.

The ongoing pressures being faced nationally by the NHS continue to impact on our people. However, we continue to work with health and social care partners to develop and embed workforce safeguards. As well as the recognised models for Safer Staffing already being utilised such as Shelford and Birth Rates Plus, we are continuing to embed Community Nursing, Theatres and Emergency Care models using nationally recognised guidance. In addition we are developing a Mental Health Strategy which recognises the changing needs of our people and supports the delivery of safe and effective physical and mental health care. The trust People Strategy supports the delivery of healthcare excellence across the short, medium and long-term. This plan supports both the NHS People Plan, Long Term Workforce plan and the ICB Workforce Strategic priorities; maintaining a highly efficient workforce through retention, boosting workforce supply through recruitment, meeting demand differently through skill mix/transformation and reducing temporary staff usage through efficiency to ensure we maintain the right staff, with the right skills, in the right place, at the right time. These themes have not changed, as they are recognised as both regional and national challenges so a greater focus has been placed on developing a collaborative system solution to address workforce priorities.

Ensuring that staffing processes are safe, sustainable and effective is paramount in all aspects of planning and deployment. A robust governance framework is in place to facilitate this, including workforce governance and quality and safety governance policies, effective systems and processes. This is monitored by our People and Organisation Development Committee. In addition, the Quality and Safety Committee scrutinise a broad range of detailed information to provide assurance, oversee the mitigation of risk and focus on achieving excellent patient and staff outcomes. The trust Board receives quality, performance, workforce and financial information in the IPR on a bi-monthly basis, presented at meetings that are open to public scrutiny.

Bi-Annual ward nurse staffing establishment reviews are undertaken and support the business planning process and the timing is synchronised to deliver safe, quality care based on the level of activity, to in turn deliver financial sustainability. All plans are developed and reviewed through a number of operational meetings, groups and committees to assure quality, safety, financial and logistical impacts have been assessed and approved appropriately. Where available, clinical staffing establishments are developed using evidence based tools as well as guidance, professional judgement and outcomes. Not all specialties and staff groups have a formal model in place to ratify planning assumptions. However, where the tools and guidance are available, they are used to support establishment setting. The consistency of information is being strengthened across all staff groups and provided to the clinical leads to support the establishment review process with professional judgement and consideration of patient and staff outcomes by specialty.

Staff deployment through e-rostering is in place with further development of e-job planning planned to ensure coverage of doctors, Specialist Nurses and AHPs. This supports efficient deployment and identification of opportunities for improving productivity and the elimination of waste, focusing on freeing up clinicians' time with patients. There are new planning and deployment tools available for leaders and the management teams to plan, monitor and risk assure workforce planning level by skill set including new rostering performance infographics and Chief Nurse led compliance review meetings.



The trust continues to work to optimise rosters for all staff groups to ensure the maximisation of substantive resource, reducing pressure on our Temporary Workforce Solutions resources and improving fill rates for all services. This includes mapping of processes, digitalisation of all manual entry where appropriate and an education leaders' programme to support workforce planning and deployment excellence. This is all supported by improved workforce information being provided to leaders to assist them with decision making such as the Daily Workforce Profile which provides managers with an updated position of planned and unplanned workforce gaps and a projection for the upcoming month. The outputs focus on technology, process and people whereby they inform a programme of continuous improvement to maximise and refine the benefits of developing workforce safeguards.

For ward nursing, the Safecare Lead has successfully focused on compliance assurance and acts as a 'critical friend' for the teams over and above the support service already provided. Nursing teams also access the trust Excellence in Care dashboard to review and monitor agreed quality, safety and workforce key metrics. There are also twice daily staffing reviews by the Head of Nursing team using Safe Care to ensure that staff are safely deployed and any risks are mitigated. Assurance is also provided via a monthly safer staffing meeting. Care Hours Per Patient Day (CHPPD) is in place for ward nursing staff; however there continues to be an absence of any national metrics for many other professional staff groups.

The Developing Workforce Safeguards action plan and recommendations are being monitored via the People and Organisational Development Committee to reach full compliance and the information provided to the Board in the IPR has been strengthened to increase visibility of staff deployment across all staff groups. The ESHT People Strategy for sets out the key people priorities, programmes of work, enablers and initiatives. As part of this, the trust is supporting the design and development of a workforce planning sensitivities model that will map the safer staffing profile for the trust today and how our profile will change in the Future as part of our Building For Our Future Transformation plans. This will work less by the traditional division and function, and more by focusing on patient pathways using safer staffing tools.

Care Quality Commission (CQC): The trust is fully Compliant with the registration requirements of the CQC. The trust was last inspected in full at the end of 2019 and was rated Good overall; Outstanding for being caring and effective; and Good for being safe, responsive and well-led. Conquest Hospital and Community services were both rated outstanding overall. The trust was rated Requires Improvement for using its resources productively.

Maternity services at Conquest Hospital and Eastbourne District General Hospital were inspected in October 2022 as part of a national maternity inspection programme. The overall rating for our maternity service at Conquest remains good, whilst at Eastbourne the rating was requires improvement, both sites were rated as being good for well-led.

The trust received a fixed penalty notice in February 2023 for Failure to comply with Regulation 12(1) and 22(2)(b) Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 following a previously reported serious incident.



Register of Interests: The trust has a policy in place in respect of declarations of interest. Declarations are accessed and recorded through the electronic staff record system, with ongoing communication to raise awareness of the requirements and process. The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

NHS Pension Scheme: As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure compliance with all employer obligations contained within the Scheme's regulations. These include ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality and Diversity: Control measures are in place to ensure that the trust complies with obligations under equality, diversity and human rights legislation. The trust has equality objectives which detail how the trust will eliminate discrimination, advance equality and foster good relations between people who share certain protected characteristics and those who do not. The Board also considers an Annual Equality Information Report and progress against delivering the outcomes of the Equality Delivery System and Workforce Race and Disability Equality Standards as well as the Gender Pay Gap. Equality and Health Inequality Impact Assessments are completed for all trust policies, significant projects and service redesign to identify and address existing or potential inequalities. The trust has developed a health inequalities action plan reflecting wider action to deliver equitable access, experience and outcomes for all patients.

A new Inequalities Committee, supported by a health inequalities Steering Group provides opportunities for sharing practice across the trust.

Climate Change: The trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The trust ensures compliance with its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.



4. Review of the effectiveness of risk management and internal control

The trust has a robust process in place for incident reporting and investigation, complaints handling, risk management and the BAF. There is a programme of training for root cause analysis and risk, and incident reporting and duty of candour are embedded across the organisation. Training and awareness support an effective incident reporting culture, although levels of incidents relating to patient harm remain low.

The trust's risk management and internal control systems are subject to regular review. Internal audit undertook an audit of Governance and Risk Management during 2023/24 with an outcome of reasonable assurance. The Well-Led review undertaken by Deloitte also included a review of governance and risk management within the organisation. Other internal audit reviews of the trust's internal control systems included reviews of financial, operational and compliance controls; outcomes of the audits were reported to the Audit Committee.

Categories of Serious Incidents are outlined in a national framework and include acts or omissions in care that result in: unexpected or avoidable death; unexpected or avoidable injury resulting in serious harm - including those where the injury required treatment to prevent death or serious harm; abuse; Never Events; incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services; and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

The Patient Safety Incident Response Framework (PSIRF) was launched in November 2023. This supersedes the Serious Incident Framework (SIF). This is a change nationally and trusts are at variable stages of inception and maturity. PSIRF continues to review "events" with a change in focus to learning outcomes using various templates to elicit insights into the various factors that resulted in physical or psychological harm. There are set responses nationally and locally to an agreed category of event, which are included in the PSIRF Plan and Policy. High level harm events or those that meet the national and local criteria set out in the PSIRF Policy and Plan, are investigated through a Patient Safety Incident Investigation (PSII) process. PSIRF facilitates looking to all levels of harm/near miss to turn to a proactive, planned approach to patient safety. Data gathering is both qualitative and quantitative, which is a change with this bespoke approach to events.

The trust reported 12 Serious Incidents during 2023/24, a further reduction on the previous year. Each incident was investigated, and actions agreed and implemented. The trust had one Never Event in 2023/24 (also included in the SI figures), which remained unchanged from the previous year. Ongoing Serious Incidents under SIF continue to be reviewed by the Quality and Safety Committee and trust Board during the PSIRF transition period. Also, PSII's going forward, for which there has been 1 event in this category, being investigated under the Maternity and Newborn Safety Investigations (MSNI) programme.

Risk facilitators are assigned to Divisions/Departments and review all risks from low to high. The trust Risk Lead is a member of the Corporate Risk Register Management Group where the High risks are monitored, reviewed and challenged. This promotes continuity and informs the BAF. At Divisional/ Department all level risks are reviewed and monitored according to policy at Governance meetings, with the high level risks being presented at the Internal Performance Reviews. The Risk facilitators provide expertise, challenge and education to the trust to facilitate an informed approach to risk. Equality Impact Statements are included in all policy and business planning documents, to ensure consideration of equality and health inequalities particular to the demographic of East Sussex.

The trust has a Duty of Candour Policy and ensures that, as part of any investigation into Serious Incidents or complaints, there is clear, open and honest communication with patients and their families/carers and that a process for shared learning is in place.



5. Governance Framework

Agreed Standing Orders, a Scheme of Matters Reserved to the Board, a Scheme of Delegation to officers and others and Standing Financial Instructions are in place. These documents, in conjunction with policies set by the Board provide the regulatory framework for the business conduct of the trust and define its ways of working. The Standing Orders, Scheme of Delegation and Standing Financial Instructions were updated and strengthened and approved by the trust Board in February 2024.

Best practice in governance states that the Board should be of sufficient size that the balance of skills, capability and experience is appropriate for the requirements of the business. The trust Board has a balance of skills and experience appropriate to fulfilling its responsibilities and is well balanced with a Chairman, five non-executive directors and five voting executive directors. In line with best practice, there is a clear division of responsibilities between the roles of Chairman and Chief Executive. The Board complies with the HM Treasury/Cabinet Office Corporate Governance Code where applicable.

There were a number of changes to the Board during 2023/24. Jackie Churchward-Cardiff retired from her role as Vice Chair, Senior Independent Non-Executive Director (SID). and Non-Executive Director, and was replaced by Paresh Patel who had previously been a Non-Executive Director. Amanda Fadero became a Non-Executive Director having previously been an Associate Non-Executive Director.

Charlotte O'Brien's role changed from Director of Transformation and Improvement to Chief Operating Officer and Dr Simon Dowse joined as Director of Transformation, Strategy and Improvement.

In addition to the responsibilities and accountabilities set out in their terms and conditions of appointment, Board members also fulfil a number of "Champion" roles where they act as ambassadors for matters including health and safety, staff wellbeing, business continuity, maternity and organ donation.

The trust has nominated a non-executive director, Paresh Patel, as Vice Chairman and SID. The role of the SID is to be available for confidential discussions with other directors who may have concerns which they believe have not been properly considered by the Board, or not addressed by the Chairman or Chief Executive, and also to lead the appraisal process of the Chairman. The SID is also available to staff in case they have concerns which cannot, or should not, be addressed by the Chairman, Executive Directors or the trust's Speak Up Guardians as outlined in the trust's Raising Concerns (Whistleblowing) Policy.

The trust updated and strengthened its Fit and Proper Persons Policy during the year following the publication of the NHS England Fit and Proper Person Test Framework for board members in August 2023. This process ensures that colleagues who have director level responsibility for the quality and safety of care, and for meeting the Care Quality Commission fundamental standards, are fit and proper to carry out their roles. Directors complete an annual declaration that they remain 'Fit and Proper Persons'. In addition, the trust undertakes a wide range of checks to verify this information which is submitted to the Regional NHSE Director on an annual basis.

Board Effectiveness: All Board members participate in the annual appraisal process and objectives are agreed and evaluated.

The Board has a programme in place to support the development of Board knowledge; bi-monthly Board Development meetings allow in depth discussion and exploration of key issues. The Board also undertakes development both as a group and individually. This includes facilitated sessions as well as attendance at national events and individual coaching and mentoring.

During the year the trust commissioned Deloitte to undertake an external well-led assessment of the organisation. Deloitte have no connection with the trust or with individual directors. The well-led review included interviews with all members of the Board, external stakeholders, trust auditors and senior managers. Deloitte attended trust Board and Committee meetings and also undertook an in depth review of corporate governance arrangements and documentation. The outcome of the well-led assessment is anticipated during the first quarter of 2024/25.

During the year, members of the Board undertook 'Out and About' visits to teams and departments in order to develop their understanding of the organisation and the organisation's visibility and understanding of the Board. These visits add to and complement the assurance provided to the Board through regular reporting on compliance with local, national and regulatory quality standards.

Committee Structure: The trust Board meets bi-monthly in public and also holds Board Development days which cover key issues and Board development in months where there are no public Board meetings. Committees of the Board include Audit, Remuneration, Finance and Productivity, Inequalities, Quality and Safety, People and Organisational Development and Strategy and Transformation (under review). All the Committees are chaired by a non-executive director of the trust and membership of the Audit and Remuneration and Appointments Committees comprise only non-executive directors. Terms of reference outline both quoracy and expected attendance at meetings, and the Board receives a report from each Committee Chair at each Board meeting.

Board meetings in public are held in person, with members of the public in attendance. Committees meet virtually.

Company Secretary: The Chief of Staff fulfils this role for the organisation, supported by an experienced Board secretarial team. He has 20 years of experience in governance and strategy in the NHS and is able to advise the Board on governance matters. In the event that the Board feels that additional advice is required then expert external advice is sought.

Information Governance (IG): During 2023/24 staff reported 159 IG incidents on our trust incident reporting system. 147 of these were scored against the trust's incident scoring as 'severity 1', nine were scored as 'severity 2', two were scored as 'severity 3' and, one was scored with as 'severity 5', although this was subsequently downgraded 'severity 3'. This indicates that the majority of incidents had no impact upon information security. All incidents are investigated and actions implemented to prevent reoccurrence. During the year, two incidents were reported to the Information Commissioner's Office (ICO), but were both closed by the ICO with no enforcement action taken against the trust.



Data Quality: Data quality and integrity is central to our commitment to provide continual assurance at a trust level, within forums and through quality assurance audits, including external review by TIAA audits and other external companies. The trust assures the quality and accuracy of NHS Constitutional mandatory reporting and at an operational level, patient tracking lists (PTL), including those on the 'Referral To Treatment' and cancer pathways, are scrutinised in weekly PTL and performance meetings.

In addition, the trust employed a Data Quality and Assurance Lead during the year who was instrumental in developing a Data Quality Strategy for the organisation, as well as setting up a Data Quality Steering Group, Data Quality Framework and Data Quality Assessment Matrix. Key areas of focus have been identified and the trust is working with a third party organisation to start building improved Business Intelligence reporting.

6. Review of economy, efficiency, effectiveness of the use of resources

Financial governance arrangements are reviewed by internal and external auditors to provide assurance of economic, efficient and effective use of resources. The trust also reviews data such as the Model Hospital to benchmark itself against other providers and seeks to make improvements. There has been positive engagement with the GIRFT workstreams across the organisation.

The trust ended the 2023/24 financial year with a £5,004,000 deficit.

7. Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Annual Quality Account for 2024/25 is being developed in line with relevant national guidance and priorities have already been developed following feedback from patients, staff and external stakeholders.

Quality is a core component of our strategy to be Outstanding and always improving and through the hard work and commitment of our staff we continue to deliver safe, effective and high-quality services whilst at the same time targeting priority areas for improvement. Quality is considered through our divisional governance structure and this feeds up to the Quality and Safety Committee.

8 Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Quality and Safety Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.



The review of effectiveness of the system of internal control is informed by the work of the trust's internal auditor, RSM, who deliver a risk based annual plan of audits over a wide range of areas and track progress on implementing agreed recommendations arising from their work. The auditor's overall opinion was that the Organisation has an adequate and effective framework for risk management, governance and internal control. However, their work has identified further enhancements to that framework to ensure it remains effective.

The trust received Reasonable assurance on all bar one of the individual audit assignments undertaken, representing positive controls designed and in place with only some areas for improvement. The one audit assignment where only partial assurance could be provided related to Estates – Health & Safety Processes, where an action plan has been agreed to help close the gaps in control identified.

The trust has used the internal audit service to investigate areas where it was felt that the trust would benefit from independent scrutiny and, consequently, four areas of 'limited assurance' were identified. Action plans were put in place to address the issues identified and progress with implementation was regularly monitored by the Audit Committee.

In addition, the trust has received external accreditation from other external bodies such as JAG accreditation for endoscopy services and quality assurance reports for services including cervical screening and antenatal and new-born screening.

My review of the effectiveness of the systems of internal control has also taken account of the work of the executive management team within the organisation, which has responsibility for the development and maintenance of the internal control framework and risk management within their discrete portfolios.

The Board and its sub-committees maintain continuous oversight of the effectiveness of the trust's risk management and internal control systems. The Board meets every other month in public and holds seminars in the month where there are not public meetings. The Audit Committee supports the Board by critically reviewing the governance and assurance processes on which the Board places reliance. This encompasses: the effectiveness of trust governance; risk management and internal control systems; the integrity of the financial statements of the trust, in particular the trust's Annual Report; the work of internal and external audit and any actions arising from their work; and compliance by the trust with relevant legal and regulatory requirements.

As one of the key means of providing the trust Board with assurance that effective internal control arrangements are in place, the Audit Committee requests and receives assurances and information from a variety of sources to inform its assessments. This process has also included calling managers to account, when considered necessary, to obtain relevant assurance and updates on outcomes. The Committee also works closely with executive directors to ensure that assurance mechanisms within the trust are fully effective, and that a robust process is in place to ensure that actions identified by internal audits and external reviews are implemented and monitored by the Committee. The need to provide assurance of controls in place in relation to cybersecurity, transition to meet the requirements of the General Data Protection Regulations and updates on the work of both internal and external audit and counter fraud have been reviewed by the Committee.

Alongside the Audit Committee, the Finance and Productivity and Strategy and Transformation Committees provide support to the trust Board to understand the financial challenges, risk and opportunities for the trust and to provide oversight of the effectiveness of the trust's financial governance.

The Quality and Safety Committee assists the Board in being assured that the trust is meeting statutory quality and safety requirements and to gain insight into issues and risks that may jeopardise the trust's ability to deliver quality improvement. During the year, the Quality and Safety Committee reviewed and endorsed the trust's quality improvement priorities for subsequent publication in the Quality Account. It undertook "deep dive" reviews of areas highlighted through external review and internal risk management processes.

Strategic oversight of workforce development, planning and performance is within the People and Organisational Development Committee's remit. It provides assurance to the Board that the trust has the necessary strategies, policies and procedures in place to ensure a high performing and motivated workforce that is supporting the trust's objectives and organisational success.

Workforce and Wellbeing

The past year has seen continued challenges and at times, significant impact on colleagues across all parts of the trust. We have dealt with the ongoing impact of industrial action, operating at near capacity in terms of hospital beds and continued difficulty in discharging patients who need further non-acute care and seen increased numbers of patient attendances at our sites, particularly at our emergency departments. Whilst we have continued to grow our substantive workforce, we now need to ensure that we work to deliver and support a workforce to efficiently deliver the planned levels of activity forecast for 2024/25.

To ensure both the continued availability and welfare of our workforce we continue to have a number of controls and supportive mechanisms in place that are reviewed through our People and Organisational Development Committee, our Workforce Efficiency Group and our Engagement & Health and Wellbeing teams. Our Board Assurance Framework includes risks relating to the workforce that are reviewed at Board level, and Divisional and Departmental risk registers also include workforce risks that are managed by the local teams. We also continue to build our capabilities around mental health first aid training for all managers, with over 220 currently trained, and trauma management, and continue to review and provide accessible health and wellbeing support for all our workforce. We remain focused on preventing burnout amongst our workforce and continue to focus on preventative, all round support to managers and their teams.

We continue to engage with our workforce to provide additional assurance and support. These include the national Staff survey, through our Partnership forum, listening and engagement events and through our colleagues' networks.

Finance and scale of efficiency programme

2024/25 will require a step change in our approach for how we use our resources. To this end we have already established a Trust wide programme that will ensure we are as efficient and as productive as possible while retaining a focus on maintaining high quality care. We will focus on improving efficiency, delivering innovative shift towards community based care in order to achieve 2019/20 levels of productivity and improve the financial position towards breakeven. The Trust also needs to reduce waiting lists to below 65 weeks while maintaining A&E and cancer performance standards, and also contributing towards a Sussex wide 65 week wait list target.

NHS planning guidance has set out an expectation that at a system level all systems should aim to break even by March 2024. As part of Sussex ICB we have recognized that it will take two years to deliver breakeven, with a 5% efficiency target of £34.1m in the first year. This includes significant risks including the on-going impact of strikes, exposure to unfunded inflationary pressures and the continued impact of the high number of patients not meeting the criteria to reside which will also impact on the trust's ability to deliver on elective activity targets. The trust Board is carefully considering these risks, albeit these pressures are not unique to the trust.

Waiting lists and requirement to increase activity levels

To ensure we work towards the activity levels by point of delivery as outlined in the Operational Plan we are reviewing the process of managing clinical pathways across all our services. This includes appropriate validation and management of our waiting lists. The Operational Plan outlines the levels of activity we plan to deliver and will enable the organisation to deliver the national ambition to increase the activity levels for specialties over and above those delivered 2019/20. Our specialties have developed plans to increase activity, which include reviewing our productivity opportunities as well as increasing our capacity where required. The risk relates to the breadth of review and the speed with which we may need to make changes to our processes and pathways, whilst increasing capacity at short notice without increasing our workforce or relying on temporary staff.

Estate and backlog

The trust's aging estate and capital allowance does potentially limit the way in which services and equipment can be provided in a safe manner for patients and staff. There are a number of risks included on the trust's risk register that both impact upon the clinical environment and can cause estates type critical engineering and building infrastructure risks which impact upon clinical acuity. We proactively manage these risks by directing/allocating capital investment to mitigate the most critical clinical/business risks and direct investment into the estates critical engineering and building infrastructure.

9. Conclusion

In line with the guidance on the definition of the significant internal control issues, I have not identified any significant control issues.



Joe Chadwick-Bell
Chief Executive



Annual Accounts 2023/24



Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- Make judgements and estimates which are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.



The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

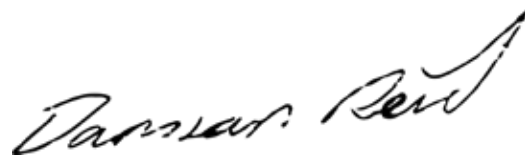
By order of the Board

13/06/24



Chief Executive

13/06/24



Chief Financial Officer



Certificate on summarisation schedules

Trust Accounts Consolidation (TAC) Summarisation Schedules for East Sussex Healthcare NHS Trust

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2023/24 have been completed and this certificate accompanies them.

Finance Director Certificate

1. I certify that the attached TAC schedules have been compiled and are in accordance with:
 - The financial records maintained by the NHS trust
 - Accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual and
 - The template accounting policies for NHS trusts issued by NHS England (NHSE), or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules.
2. I certify that the TAC schedules are internally consistent and that there are no validation errors.
3. I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Trust.

Damian Reid, Chief Financial Officer, 13/06/24

Chief Executive Certificate

1. I acknowledge the attached TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHS England (NHSE).
2. I have reviewed the schedules and agree the statements made by the Director of Finance above.

Joe Chadwick-Bell, Chief Executive, 13/06/24

Meeting our financial plan

Financial arrangements have continued from 2022/23 with the majority of funding fixed based on the historical levels calculated and prescribed at a fixed level by NHSE/I to deliver core services alongside variable income for planned care.

The Trust had a plan for breakeven over 2023/24, however as a result of significant pressures outside of the Trust's direct control we are reporting an adjusted deficit of £5.0m, the majority of this relating to costs of industrial action.

Efficiency

For 2023/24 the trust set an ambitious efficiency plan of £32.5m (a 50% increase from 2022/23) which we are pleased to report we have been able to deliver. This is based on the Model Hospital and GIRFT programmes, which aim to improve quality and safety and thereby deliver efficiencies.

We achieved these savings by reducing our use of expensive agency staff, embracing new technology such as the digital management of medical notes, reducing unnecessary lengths of stay in hospital and by making efficiencies in medicine management. These changes have reduced the amount we spend, whilst also providing better care and outcomes for our patients.

Operating and Financial Review

The financial arrangements continued to be that income was calculated and prescribed at a fixed level by NHS England to deliver core services. This does mean that the Trust is exposed to risks relating to unplanned and community services due to the fixed nature of the income. In addition to this the trust had access to the Elective Recovery Fund (ERF) to support the delivery of elective activity to recover services and begin to address the backlog and was able to significantly over-perform the national baseline meaning we were able to treat more patients as well as receiving additional financial support.

The trust had a plan for breakeven over 2023/24 which represented a significant stretch for the organisation including setting an efficiency plan 50% higher than the previous year.

During 2023/24 the trust faced significant operational and financial pressures with the most significant being the impact of industrial action on our cost base and on ability to deliver our activity levels; continued increased acuity; and much higher number of patients who do not meet the criteria to reside in our bed base and high levels of inflation. The impact of these has been substantial, not just operationally but also financially, with the requirement to maintain escalation beds open throughout the year.

Whilst some additional resources were provided nationally by NHS England, these were not sufficient to fully mitigate these pressures and as a result the trust was not able to deliver the breakeven plan, finishing the year with a £5.0m adjusted deficit. This is the first time in five years that the Trust has not met its plan, however all of the £5.0m can be ascribed to factors outside the control of the Trust (the vast majority pertaining to costs of industrial action), a position which was recognised by the Regulator.

We have a clinical strategy in place which will ensure clinical and financial stability across all of our key services. We have used the national Model Hospital toolkit, GIRFT initiative, other benchmarking tools, and worked with NHS England teams to help us develop and address the issues driving our deficit. The 2023/24 financial plan, and the associated efficiency plan, were based around these drivers, including income recovery, service sustainability, workforce costs, infrastructure costs and technology requirements, and have been where we have focused our attention in to help us deliver a balanced financial position.

We are pleased to report that the trust was able to invest a significant amount of capital in the year through support of the ICB and additional funding from NHS England and Department of Health and Social Care. Total capital expenditure of property plant and equipment was £72.4m in 2023/24 compared to £62.5m in 2022/23 - this is three times the depreciation charge and as such represents a significant capital investment. The continued generosity of the Friends of our Hospitals must be noted, as these donations directly improve patient care and experience - these donations have continued across the year and allow us to enhance the care that we can offer to our patients by replacing aging equipment.

However, whilst this has helped address some of the historical issues, we have an ageing estate with significant backlog maintenance requirements. There remains an ongoing need to invest in capital items such as IT and medical equipment. We have limited internal capital funds to invest in these requirements and will not be able to meet these needs without externally sourced funds. This presents a risk that essential works may not be affordable.



In September 2019, the DHSC published a paper on a “New Hospital Building Programme” (HIP2). This set out a long-term programme of investment in health infrastructure that included capital to build new hospitals, invest in diagnostics and technology, and to help eradicate critical safety issues in NHS estates. The trust was identified for investment under the programme and initial funding provides the opportunity to reconsider, remodel and redesign our estate to ensure that it is fit for purpose, to meet the health care needs of our population and to deliver safe and sustainable service in the future. During 2023/24, the trust received and spent £5.8m allowing us to continue enabling works and develop our business case, building on the strategic outline case developed during 2020/21.

Looking forward to 2024/25, we will be looking to maximise every opportunity of obtaining capital funding to supplement our core capital allocation of c.£20.3m with a total expected capital expenditure of £80.0m. Significant national funded schemes relate to the elective hub, implantation of a new Electronic Patient Record and Laboratory information management system; the local ICB is supporting capital for the cardiology and ophthalmology reconfigurations. Our capital budget, which has more demands on it than funds available, will support much needed investment in infrastructure, IT and equipment across the organisation.

Despite the external environment, the trust continued to make significant progress in improving its financial governance in 2023/24, including acting on the key drivers of the underlying deficit and maintaining financial control with particular focus on capital controls given the significant levels of expenditure. To make sure these improvements are maintained, we will continue to strengthen our financial controls, our financial planning and to improve our reporting.



In 2023/24, the trust continued to strengthen its cash flow management procedures, maintaining a healthy cash balance throughout the period and making sustained improvements on the “Better Payment Practice Code”. The trust remains committed to supporting local suppliers and routinely reviews its creditor position to ensure that delays in payment are minimised.

In 2023/24 we continued to use Service Line Reporting and Patient Level Information Costing as tools to increase clinical engagement in understanding and improving our cost drivers and profitability, as well as providing management with better information on which to make business decisions. The trust is fully engaged in the national operational productivity programme, led by NHSI, and the GIRFT clinical improvement programme. These programmes help the trust understand the links between clinical activity and cost across the organisation and, working with our partners within the local health economy, to ensure that the right models of care are put in place to ensure that we continue to deliver high quality care to all of our patients.

The trust Board gains assurance on financial matters through the Finance and Productivity Committee, which ensures that all material financial risks and developments are closely scrutinised and that senior management is held to account for the trust’s financial performance. Clinical representation at this Committee helps to ensure that clinical quality and patient safety issues are always considered alongside financial performance and risk. In addition to the scrutiny provided by the Finance and Productivity Committee, key financial risks form part of the trust-wide high level corporate risk register, which is regularly updated and assessed by the Audit Committee and referred onwards to the trust Board where significant risks are considered and appropriate action taken.



The trust has also continued to work with and alongside key partners in the local health economy, including the ICB and East Sussex County Council, to strengthen local plans for the improvement of health outcomes for the East Sussex population. The local health economy faces financial challenges and the management of these is being addressed on a system wide basis. This includes joint working on key change programmes, including supporting the development of primary care and community services to provide support and care closer to home.

Close working continues to take place with our ICBs to ensure that we can achieve financial balance as a system. To do this, the system must:

- Realise more recurrent cost improvement plans for the trust and quality, innovation, productivity and prevention (QIPP) plans for the ICB
- Significantly reduce recent increases in demand trends in our Accident and Emergency Departments as well as reducing non-elective demand
- Change the pattern of investment with more investment outside of acute settings, front loading clinical capacity at the acute 'front door' clinical services and reducing unnecessary or lower planned care interventions and acute outpatient services
- Transform the system's operating model to one with a lower cost base per head.



All of this must be achieved within a constrained capital and revenue investment environment and in the context of high growth in our over 85 population – the patient cohort most in need of support. The trust has worked together with our ICB and local partners on progressing system financial sustainability to ensure that our patients receive the highest quality care in an appropriate setting for their needs.

Looking ahead to 2024/25, the financial arrangements will continue as per 2023/24 with a continued move more towards a local contractual relationship with discretion to amend the values and overall approach.

Due to the scale of the financial challenges facing the trust and local system we have been unable to submit a breakeven plan for 2024/25 with the current plan showing a £17.3m deficit after efficiency delivery of 5% (£34.1m). However, this includes very significant risks around the scale of efficiency savings this will require, on-going impact of strikes, exposure to unfunded inflationary pressures and continued impact of high number of patients not meeting the criteria to reside on the ability to deliver on elective activity targets. The trust Board is carefully considering this risk and is in discussion with the ICB in this regard, albeit these pressures are not unique to the trust and are felt widely across the NHS.

Going concern

After making enquiries, the directors have a reasonable expectation that the services provided by the trust will continue for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.



	2023/24	2022/23
Accounts Highlights	£000	£000
Surplus/(Deficit) for the year	(5,004)	28
Public Dividend Capital Payable	(9,569)	(8,924)
Value of Property, Plant and Equipment	378,744	344,706
Value of Borrowings (including loans)	(9,530)	(11,062)
Cash at 31 March	17,636	47,518
Creditors - trade and other	(53,346)	(66,456)
Debtors - trade and other	32,726	39,676
Revenue from Patient Care Activities	619,180	590,089
Clinical Negligence Costs	14,210	14,030
Gross Employee Benefits	444,721	419,694

	2023/24	2022/23
Financial Position	£000	£000
Operating Income from Patient Care	619,180	590,089
Other operating income	50,711	67,170
Annual Income	669,891	657,259
Total Spend for the Year	(670,435)	(625,607)
Operating Surplus/(Deficit) from continuing operations	(544)	31,652
Finance Expenses	(6,912)	(7,917)
Other Gains/(Losses)	76	(134)
Surplus/(Deficit) for the year	(7,380)	23,601
Remove Impairments	5,366	112
Remove impact of capital grants	(2,944)	(23,746)
Remove net impact of inventories received from DHSC group bodies for COVID-19 response	(46)	61
Adjusted financial performance Surplus/(Deficit)	(5,004)	28

	2023/24	2022/23
Financial Headline	£000	£000
Capital Spend (Gross)		62,527
Total Income for the Charity	161	113
Total Income from NHS Charities Together	30	0
Consultancy Costs	59	53

	2023/24		2022/23		2021/22	
Better Payment Practice Code	Number	£000	Number	£000	Number	£000
Non-NHS Payables						
Total non-NHS trade invoices paid in the year	106,465	254,285	109,320	239,752	109,186	209,410
Total non-NHS trade invoices paid within target	94,865	241,558	93,185	228,985	89,688	197,100
Percentage of non-NHS trade invoices paid within target	89.1%	95.0%	85.2%	95.5%	82.1%	94.1%
NHS Payables						
Total NHS trade invoices paid in the year	2,259	38,919	1,841	33,365	1,932	35,374
Total NHS trade invoices paid within target	2,157	37,475	1,819	33,359	1,831	35,232
Percentage of NHS trade invoices paid within target	95.5%	96.3%	98.8%	100.0%	94.8%	99.6%
Percentage of NHS trade invoices paid within target	95.5%	96.3%	98.8%	100.0%	94.8%	99.6%



East Sussex Healthcare NHS Trust

Annual accounts for the year ended 31 March 2024



Independent auditor's report to the Directors of East Sussex Healthcare NHS Trust

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of East Sussex Healthcare NHS Trust (the 'Trust') for the year ended 31 March 2024, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24..

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report.

We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2023-24 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters except on 19 June 2024 we referred a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 as the Trust reported a deficit of £5 million in the year ended 31 March 2024 and has reported a cumulative deficit of £219.9 million at 31 March 2024. The Trust has also set a deficit budget of £17.3 million for the year ended 31 March 2025, meaning that the Trust has no clear plans to achieve cumulative financial balance by 31 March 2025.

Responsibilities of directors

As explained more fully in the Statement of Directors' Responsibilities in Respect of the Accounts, the directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).

- In addition, we concluded that there are certain significant laws and regulations that may have an effect on the determination of the amounts and disclosures in the financial statements and those laws and regulations relating to [include relevant details for your audit, e.g. health and safety, employee matters, and data protection].
- We enquired of management and the Audit Committee, concerning the Trust's policies and procedures relating to:
 - the identification, evaluation and compliance with laws and regulations;
 - the detection and response to the risks of fraud; and
 - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls, fraudulent revenue and expenditure recognition, and validity of capital additions. We determined that the principal risks were in relation to:
 - Journal entries which met a range of criteria defined as part of our risk assessment;
 - Valuation of land and buildings;
 - Revenue recognition for material streams of operating revenues which are variable in nature; and
 - Fraudulent expenditure recognition to meet externally set targets.

- Our audit procedures involved:
 - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
 - journal entry testing, with a focus on journals meeting a range of criteria defined as part of our risk assessment;
 - challenging assumptions and judgements made by management in its significant accounting estimates, including those for the valuation of land and buildings;
 - challenging the Trust's estimates and the judgments in order to arrive at the total income from contract variations recorded in the financial statements and other manual accruals/deferrals of healthcare income and other revenues;
 - challenging and evaluating assumptions and judgements made by management in its recognition of expenditure accruals at year-end and in their capitalisation of expenditure; and
 - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including the risk of management override of controls through journal entries, the potential for fraud in revenue and expenditure recognition, the potential for fraudulent capitalisation of expenditure and the potential for fraud through significant accounting estimates. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.

- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
 - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
 - knowledge of the health sector and economy in which the Trust operates
 - understanding of the legal and regulatory requirements specific to the Trust including:
 - the provisions of the applicable legislation
 - NHS England's rules and related guidance
 - the applicable statutory provisions
- In assessing the potential risks of material misstatement, we obtained an understanding of:
 - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
 - The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements - the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in respect of the above matter, except on 13 June 2024 we identified a significant weakness in how the Trust plans and manages its resources to ensure it can continue to deliver its services. This was in relation to the Trust's failure during 2023/24 to develop and continuously risk assess plans for required efficiency savings for 2024/25 which are intrinsic to addressing its underlying deficit and to maintain financial sustainability.

We recommended that the Trust should progress at speed the development of cost improvement plans for 2024/25 which are supported by robust assumptions, validated by the staff responsible for delivering the plans, and aligned with the Trust's other key plans and wider system plans. The cost improvement plans must undergo a continuous reassessment of the associated risks and the strategies to mitigate them, alongside rigorous monitoring of progress on the plans to identify any slippage and implement effective corrective actions.

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(2A)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of

the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements - Certificate

We certify that we have completed the audit of East Sussex Healthcare NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's directors as a body, for our audit work, for this report, or for the opinions we have formed.

John Paul Cuttle

John Paul Cuttle, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

26 June 2024

Statement of Comprehensive Income

		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	3	619,180	590,089
Other operating income	4	50,711	67,170
Operating expenses	7, 9	(670,435)	(625,607)
Operating surplus/(deficit) from continuing operations		(544)	31,652
Finance income	11	2,760	1,130
Finance expenses	12	(103)	(123)
PDC dividends payable		(9,569)	(8,924)
Net finance costs		(6,912)	(7,917)
Other gains / (losses)	13	76	(134)
Surplus / (deficit) for the year from continuing operations		(7,380)	23,601
Surplus / (deficit) for the year		(7,380)	23,601
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(17,509)	(2,720)
Revaluations	17	7,468	14,629
Other recognised gains and losses		-	(596)
Total comprehensive income / (expense) for the period		(17,421)	34,914

Statement of Financial Position

		31 March 2024 £000	31 March 2023 £000
	Note		
Non-current assets			
Intangible assets	14	2,455	3,079
Property, plant and equipment	15	368,883	333,166
Right of use assets	18	9,861	11,540
Receivables	20	2,375	2,659
Total non-current assets		383,574	350,444
Current assets			
Inventories	19	7,853	10,239
Receivables	20	30,351	37,017
Cash and cash equivalents	21	17,636	47,518
Total current assets		55,840	94,774
Current liabilities			
Trade and other payables	22	(51,346)	(66,456)
Borrowings	24	(1,428)	(1,571)
Provisions	25	(646)	(797)
Other liabilities	23	(2,523)	(3,251)
Total current liabilities		(55,943)	(72,075)
Total assets less current liabilities		383,471	373,143
Non-current liabilities			
Trade and other payables	22	(2,000)	-
Borrowings	24	(8,102)	(9,491)
Provisions	25	(1,494)	(1,878)
Total non-current liabilities		(11,596)	(11,369)
Total assets employed		371,875	361,774
Financed by			
Public dividend capital		487,571	460,049
Revaluation reserve		93,264	103,305
Income and expenditure reserve		(208,960)	(201,580)
Total taxpayers' equity		371,875	361,774

The notes 1 to 38 form part of these accounts.

Name Joanne Chadwick-Bell
Position Chief Executive
Date 13 June 2024

Joanne Chadwick-Bell

Statement of Changes in Equity for the year ended 31 March 2024

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2023 - brought forward	460,049	103,305	(201,580)	361,774
Deficit for the year	-	-	(7,380)	(7,380)
Impairments	-	(17,509)	-	(17,509)
Revaluations	-	7,468	-	7,468
Public dividend capital received	27,522	-	-	27,522
Taxpayers' and others' equity at 31 March 2024	487,571	93,264	(208,960)	371,875

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	444,694	97,745	(231,655)	310,784
Implementation of IFRS 16 on 1 April 2022	-	-	721	721
Surplus for the year	-	-	23,601	23,601
Other transfers between reserves	-	(5,753)	5,753	-
Impairments	-	(2,720)	-	(2,720)
Revaluations	-	14,629	-	14,629
Other recognised gains and losses	-	(596)	-	(596)
Public dividend capital received	15,355	-	-	15,355
Taxpayers' and others' equity at 31 March 2023	460,049	103,305	(201,580)	361,774

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

		2023/24	2022/23
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		(544)	31,652
Non-cash income and expense:			
Depreciation and amortisation	7	23,170	20,937
Net impairments	8	5,366	112
Income recognised in respect of capital donations	4	(4,059)	(24,935)
(Increase) / decrease in receivables and other assets		8,557	(25,224)
(Increase) / decrease in inventories		2,386	(1,644)
Increase / (decrease) in payables and other liabilities		(17,039)	20,416
Decrease in provisions		(534)	(2,444)
Other movements in operating cash flows		-	396
Net cash flows from operating activities		17,303	19,266
Cash flows from investing activities			
Interest received		2,760	1,130
Purchase of intangible assets		(87)	(191)
Purchase of PPE and investment property		(68,754)	(61,874)
Sales of PPE and investment property		51	68
Receipt of cash donations to purchase assets		2,851	23,629
Net cash flows used in investing activities		(63,179)	(37,238)
Cash flows from financing activities			
Public dividend capital received		27,522	15,355
Capital element of lease liability payments		(1,558)	(1,716)
Other interest		(1)	(1)
PDC dividend paid		(9,968)	(9,256)
Net cash flows from financing activities		15,994	4,382
Decrease in cash and cash equivalents		(29,882)	(13,590)
Cash and cash equivalents at 1 April - brought forward		47,518	61,108
Cash and cash equivalents at 31 March	21	17,636	47,518

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Under the NHS standard contract, the Trust is paid according to a prescribed timetable based on estimated activity and performance levels with an agreed monthly payment plan, and then an activity reconciliation is performed between the paid and final agreed amounts, and adjustments are applied where appropriate. For 2023/24 this has only applied for 3 elements, High Cost Drugs, Community Diagnostic Centre, and Virtual Wards.

Revenue from NHS Contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to Trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. In 2023/24 API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service. High cost drugs are paid on both a fixed block amount and a variable element, varied by specific drug type. Devices based on actual useage.

In 2022/23 fixed payments were set at a level assuming the achievement of elective activity targets within aligned payment and incentive contracts. These payments are accompanied by a variable-element to adjust income for actual activity delivered on elective services and advice and guidance services. Where actual elective activity delivered differed from the agreed level set in the fixed payments, the variable element either increased or reduced the income earned by the Trust at a rate of 75% of the tariff price.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. In 2023/24, Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the Trust contributes to system performance and therefore the availability of funding to the Trust's commissioners. In 2022/23 elective recovery funding for providers was separately identified within the aligned payment and incentive contracts.

Revenue from non-NHS contracts – SMSKE Partnership

The Trust receives income for musculoskeletal services from a non-NHS commissioner. This uses the same contracting arrangements as NHS contracts. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as health care is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the non-NHS commissioner but the customer benefits as services are provided to the patient. Even where a contract could be broken down into separate performance obligations, health care generally aligns with delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer.

Revenue from non-NHS contracts – Local Authority

The Trust receives income for two distinct services – provision of healthcare services and provision of staff. The healthcare service uses a similar contracting arrangement as the NHS contract. A performance obligation relating to delivery of an episode of health care is generally satisfied over time as health care is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner but the customer benefits as services are provided to the patient. Even where a contract could be broken down into separate performance obligations, health care generally aligns with the delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer.

For the provision of staff, revenue is recognised as and when performance obligations are satisfied during the period covered by the recharge.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Non-patient care services to other bodies

The Trust supplies a range of staff and goods to a range of customers, and also rents out facilities. For these services, revenue is recognised as and when performance obligations are satisfied during the period covered by the recharge.

Revenue from education and training

Where education and training contracts fall under IFRS 15, revenue is recognised as and when obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the Trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Note 1.8 Intangible assets**Recognition**

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) methodology. However, the Pharmacy system, uses weighted average cost formula, therefore, drugs are valued in this way. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.11 Financial assets and financial liabilities**Recognition**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

The Trust does not normally recognise expected credit losses in relation to other NHS bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee*Recognition and initial measurement*

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16 in 2022/23

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

The Trust as a lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

The Trust as a lessor

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024.

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year 1.70%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 25.1 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 26 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 26, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.18 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 17 insurance contracts (replacing IFRS 4) will be adopted by the HM Treasury's FREM from 1 April 2025 and NHS bodies will be required to apply the standard in 2025/26. It is not practicable to provide an estimate of the impact of this standard at this time.

Note 1.22 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Valuation of Land and Buildings

The Trust has applied the concept of Modern Equivalent Asset (MEA) to estimate the valuation of its property assets as applicable with the DHSC GAM and independent professional valuers. This may result in impairment costs or reversals that are recognised in reserves or the income and expenditure statement.

Note 1.23 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Valuation of Land and Buildings

The estimation of the valuation of Property and Land is based on professional valuer methodologies for applying modern equivalent asset (MEA) concepts to the estimation of depreciated replacement cost (DRC). The Department of Health and Social Care (DHSC) guidance specifies that the Trust's land and buildings should be valued on the basis of depreciated replacement cost (DRC), applying the Modern Equivalent Asset (MEA) concept. This concept is defined as "the cost of a modern replacement asset that has the same productive capacity as the property being valued." Therefore the MEA is not a valuation of the existing land and buildings held by the Trust, but a theoretical valuation for accounting purposes of what the Trust could need to spend in order to replace the existing assets. In determining the MEA, the Trust has to make assumptions that are practically achievable, however the Trust is not required to have any plans to make these changes.

The main estimation uncertainty of the modern equivalent asset method would be the cost of the building at a new site and also the floor area required to deliver healthcare services within this new build. The current carrying value of buildings including dwellings is £252,439k and a 5% reduction or increase in floor area or building costs would lead to a reduction or increase in valuation of £12,622k.

The Trust is satisfied that the assumptions underpinning the MEA valuation are practically achievable, would not change the services provided by the Trust, and would not impact on service delivery or the level and volume of service provided.

The land and buildings asset valuation carried out on 31 March 2024 was completed on a modern equivalent asset basis (MEA). The Trust's estate was classified as specialised operational properties and an existing use value alternative, was used. This assumes that the assets would be replaced with a modern equivalent, and although not necessarily a building of identical arrangement and composition, the service provision would be the same as the existing asset.

The alternative modern equivalent asset may be smaller under the Trust's alternative modern equivalent asset valuation with modern hospitals giving rise to the same service potential but on a smaller footprint, Gross Internal Area (GIA), to serve the catchment area of the local population.

The MEA valuations used by the Trust have been provided by the external valuers, Gerald Eve LLP.

Note 2 Operating Segments

The Trust has considered IFRS 8 Operating Segments and has taken the view that its activities should be reported as a single entity rather than in a segmental manner. Although financial performance is reported to the Executive Board Members at a divisional level, the key financial information for decision making purposes is based on the single entity as a whole. Furthermore, the Trust's business is the delivery of acute and community healthcare across a single economic environment. No separate reportable segments have therefore been identified.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

Note 3.1 Income from patient care activities (by nature)

	2023/24	2022/23
	£000	£000
Acute services		
Income from commissioners under API contracts - variable element*	104,332	
Income from commissioners under API contracts - fixed element*	356,856	416,226
High cost drugs income from commissioners	46,600	45,145
Other NHS clinical income	64	23
Community services		
Income from commissioners under API contracts*	51,757	50,841
Income from other sources (e.g. local authorities)	18,948	10,480
All services		
Private patient income	7,458	6,640
Elective recovery fund	-	14,709
National pay award central funding***	230	14,305
Additional pension contribution central funding**	16,936	15,424
Other clinical income****	15,999	16,296
Total income from activities	619,180	590,089

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** Additional funding was made available by NHS England in 2023/24 and 2022/23 for implementing the backdated element of pay awards where government offers were made at the end of the financial year. 2023/24: In March 2024, the government announced a revised pay offer for consultants, reforming consultant pay scales with an effective date of 1 March 2024. Trade Unions representing consultant doctors accepted the offer in April 2024. 2022/23: In March 2023, the government made a pay offer for staff on agenda for change terms and conditions which was later confirmed in May 2023. The additional pay for 2022/23 was based on individuals in employment at 31 March 2023.

**** Other clinical income includes services provided to Sussex MSK Services.

Note 3.2 Income from patient care activities (by source)

	2023/24	2022/23
	£000	£000
Income from patient care activities received from:		
NHS England	72,369	84,969
Clinical commissioning groups*		105,198
Integrated care boards*	503,794	365,436
Department of Health and Social Care	25	20
Other NHS providers	-	4
Local authorities	18,948	10,480
Non-NHS: private patients	7,458	6,640
Non-NHS: overseas patients (chargeable to patient)	353	498
Injury cost recovery scheme	773	792
Non NHS: other**	15,460	16,052
Total income from activities	619,180	590,089
Of which:		
Related to continuing operations	619,180	590,089

*On 1 July 2022, Clinical Commissioning Groups were closed and Integrated Care Systems (ICS) were established. Integrated Care Boards are an element of the ICS, and the majority of the Trust's funding is received from them.

**Services to Sussex MSK Services £15.2m (2022/23 £15.8m).

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2023/24	2022/23
	£000	£000
Income recognised this year	353	498
Cash payments received in-year	228	206
Amounts added to provision for impairment of receivables	127	61
Amounts written off in-year	96	66

Note 4 Other operating income

	2023/24		2022/23	
	Contract income £000	Non-contract income £000	Contract income £000	Non-contract income £000
Research and development	445	-	427	-
Education and training	15,327	897	13,366	819
Non-patient care services to other bodies	19,098		13,891	
Reimbursement and top up funding			2,116	
Income in respect of employee benefits accounted on a gross basis	1,023		1,002	
Receipt of capital grants and donations and peppercorn leases		4,059		24,935
Charitable and other contributions to expenditure		1,160		2,316
Revenue from operating leases		1,116		1,185
Other income	7,586	-	7,013	-
Total other operating income	43,479	7,232	37,915	29,255
Of which:		50,711		67,170
Related to continuing operations		50,711		67,170

The Trust received £3.695k in Government Funding (£24,301k in 2022/23) from the Public Sector Decarbonisation Scheme and is for affordable, low carbon heating and energy efficiency upgrades to reduce the Trust's carbon footprint at Eastbourne DGH.

Note 4.1 Analysis of 'Other income'

	2023/24	2022/23
	£000	£000
Car Parking Income	1,000	716
Catering	1,059	445
Staff accommodation rental	1,742	1,864
Staff contribution to employee benefit schemes	66	93
Creche services	690	618
Clinical excellence awards	143	146
Other income generation schemes (recognised under IFRS 15)	2,762	2,980
Other income not already covered (recognised under IFRS 15)	124	151
	7,586	7,013

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2023/24	2022/23
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	3,251	7,230

Note 6 Operating leases - East Sussex Healthcare NHS Trust as lessor

This note discloses income generated in operating lease agreements where East Sussex Healthcare NHS Trust is the lessor.

The Trust leases office space, and space to third parties to provide food and beverages, and laundry services. The Trust also leases space recognised as specialised assets to Sussex Partnership NHS Foundation Trust to provide mental health services, and to University Hospitals Sussex NHS Foundation Trust to provide radiotherapy services. The terms of these leases vary between one and twenty five years.

Note 6.1 Operating lease income

	2023/24	2022/23
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	801	800
Variable lease receipts / contingent rents	315	385
Total in-year operating lease income	1,116	1,185

Note 6.2 Future lease receipts

	31 March 2024	31 March 2023
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	802	802
- later than one year and not later than two years	702	802
- later than two years and not later than three years	642	702
- later than three years and not later than four years	77	642
- later than four years and not later than five years	77	77
- later than five years	1,024	1,101
Total	3,324	4,126

Note 7 Operating expenses

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	4,198	3,643
Purchase of healthcare from non-NHS and non-DHSC bodies	10,275	9,355
Staff and executive directors costs	444,027	419,175
Remuneration of non-executive directors	171	166
Supplies and services - clinical (excluding drugs costs)	49,149	45,239
Supplies and services - general	8,490	7,052
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	60,683	57,916
Consultancy costs	59	53
Establishment	7,048	7,056
Premises	27,460	21,386
Transport (including patient travel)	1,370	1,332
Depreciation on property, plant and equipment	22,459	20,162
Amortisation on intangible assets	711	775
Net impairments	5,366	112
Movement in credit loss allowance: contract receivables / contract assets	1,085	131
Increase/(decrease) in other provisions	61	176
Change in provisions discount rate(s)	(42)	(313)
Fees payable to the external auditor		
audit services- statutory audit (including £33k irrecoverable VAT)	196	180
Internal audit costs	192	196
Clinical negligence	14,210	14,030
Legal fees	236	267
Insurance	350	342
Education and training	2,004	2,796
Expenditure on short term leases	1	139
Expenditure on low value leases	190	222
Early retirements	14	9
Redundancy	5	-
Hospitality	21	-
Other services, eg external payroll	398	506
Other*	10,048	13,504
Total	670,435	625,607
Of which:		
Related to continuing operations	670,435	625,607

*Professional Fees of £6.8m are included within Other (2022/23 £10.0m).

Note 7.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2022/23: £2 million).

Note 8 Impairment of assets

	2023/24	2022/23
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	5,366	112
Total net impairments charged to operating surplus / deficit	5,366	112
Impairments charged to the revaluation reserve	17,509	2,720
Total net impairments	22,875	2,832

The net impairments of £5,366k relate to a change in value of the Trusts estate following the annual review carried out by the external valuer, Gerald Eve LLP (2022/23 £112k).

Note 9 Employee benefits

	2023/24	2022/23
	Total	Total
	£000	£000
Salaries and wages	338,372	320,263
Social security costs	36,681	34,272
Apprenticeship levy	1,803	1,639
Employer's contributions to NHS pensions	55,563	50,532
Pension cost - other	94	105
Termination benefits	2	107
Temporary staff (including agency)	12,206	12,776
Total gross staff costs	444,721	419,694
Total staff costs	444,721	419,694
Of which		
Costs capitalised as part of assets	675	510

Note 9.1 Retirements due to ill-health

During 2023/24 there were 12 early retirements from the Trust agreed on the grounds of ill-health (2 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £1,264k (£156k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

c) National Employees Savings Trust (NEST)

The Trust participates in the National Employees Savings Trust (NEST) scheme as an alternative for those employees who do not wish to join the NHS Pension Scheme. NEST is a defined contribution scheme with a phased employer contribution rate, set at 3% for 2023/24 (3% for 2022/23). Trust contributions under the NEST scheme for 2023/24 financial year totalled £94k (£105k for 2022/23).

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2023/24	2022/23
	£000	£000
Interest on bank accounts	2,760	1,130
Total finance income	2,760	1,130

Note 12 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24	2022/23
	£000	£000
Interest expense:		
Interest on lease obligations	107	118
Interest on late payment of commercial debt	1	1
Total interest expense	108	119
Unwinding of discount on provisions	(5)	4
Total finance costs	103	123

Note 12.1 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2023/24	2022/23
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	1	1

Note 13 Other gains / (losses)

	2023/24	2022/23
	£000	£000
Gains on disposal of assets	78	59
Losses on disposal of assets	(2)	(193)
Total gains / (losses) on disposal of assets	76	(134)
Total other gains / (losses)	76	(134)

Note 14 Intangible assets - 2023/24

	Development expenditure £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward		
	7,197	7,197
Additions	87	87
Valuation / gross cost at 31 March 2024	7,284	7,284
Amortisation at 1 April 2023 - brought forward	4,118	4,118
Provided during the year	711	711
Amortisation at 31 March 2024	4,829	4,829
Net book value at 31 March 2024	2,455	2,455
Net book value at 1 April 2023	3,079	3,079

Note 14.1 Intangible assets - 2022/23

	Development expenditure £000	Total £000
Valuation / gross cost at 1 April 2022 - as previously stated	6,975	6,975
Additions	191	191
Reclassifications	31	31
Valuation / gross cost at 31 March 2023	7,197	7,197
Amortisation at 1 April 2022 - as previously stated	3,343	3,343
Provided during the year	775	775
Amortisation at 31 March 2023	4,118	4,118
Net book value at 31 March 2023	3,079	3,079
Net book value at 1 April 2022	3,632	3,632

Note 15 Property, plant and equipment - 2023/24

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2023 - brought forward	11,085	216,209	8,150	35,340	100,511	424	63,254	5,919	440,892
Additions	2,862	14,019	7,127	24,166	7,153	33	15,858	617	71,855
Impairments	(100)	(22,623)	(523)	-	-	-	-	-	(23,246)
Reversals of impairments	1	20	-	-	-	-	-	-	21
Revaluations	114	383	-	-	-	-	-	-	497
Reclassifications	-	29,678	-	(29,678)	-	-	-	-	-
Disposals / derecognition*	-	-	-	-	(1,394)	-	-	(51)	(1,445)
Valuation/gross cost at 31 March 2024	14,082	237,686	14,754	29,828	106,270	457	79,112	6,485	488,674
Accumulated depreciation at 1 April 2023 - brought forward	-	-	-	-	70,762	228	32,398	4,338	107,726
Provided during the year	-	7,023	299	-	6,404	30	6,701	372	20,829
Impairments	-	-	-	-	-	-	-	-	-
Reversals of impairments	-	(230)	(120)	-	-	-	-	-	(350)
Revaluations	-	(6,792)	(179)	-	-	-	-	-	(6,971)
Disposals / derecognition*	-	-	-	-	(1,392)	-	-	(51)	(1,443)
Accumulated depreciation at 31 March 2024	-	1	-	-	75,774	258	39,099	4,659	119,791
Net book value at 31 March 2024	14,082	237,685	14,754	29,828	30,496	199	40,013	1,826	368,883
Net book value at 1 April 2023	11,085	216,209	8,150	35,340	29,749	196	30,856	1,581	333,166

Note 15.1 Property, plant and equipment - 2022/23

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2022 - as previously stated	11,049	204,373	-	4,629	95,571	255	53,628	5,562	375,067
Additions	-	15,125	361	30,711	5,924	169	9,689	357	62,336
Impairments	-	(3,613)	(85)	-	-	-	-	-	(3,678)
Reversals of impairments	-	379	140	-	-	-	-	-	519
Revaluations	36	8,104	303	-	-	-	-	-	8,443
Reclassifications	-	(7,411)	7,411	-	-	-	(31)	-	(31)
Disposals / derecognition	-	(748)	-	-	(884)	-	(32)	-	(1,764)
Valuation/gross cost at 31 March 2023	11,085	216,209	8,150	35,340	100,511	424	63,254	5,919	440,892
Accumulated depreciation at 1 April 2022 - as previously stated	-	-	-	-	65,632	223	27,002	4,027	96,884
Provided during the year	-	6,224	322	-	6,105	5	5,428	311	18,395
Reversals of impairments	-	(185)	(142)	-	-	-	-	-	(327)
Revaluations	-	(6,006)	(180)	-	-	-	-	-	(6,186)
Disposals / derecognition	-	(33)	-	-	(975)	-	(32)	-	(1,040)
Accumulated depreciation at 31 March 2023	-	-	-	-	70,762	228	32,398	4,338	107,726
Net book value at 31 March 2023	11,085	216,209	8,150	35,340	29,749	196	30,856	1,581	333,166
Net book value at 1 April 2022	11,049	204,373	-	4,629	29,939	32	26,626	1,535	278,183

Note 15.2 Property, plant and equipment financing - 31 March 2024

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	14,082	209,508	14,754	29,828	27,106	199	39,980	1,582	337,039
Owned - donated/granted	-	28,177	-	-	3,390	-	33	244	31,844
Total net book value at 31 March 2024	14,082	237,685	14,754	29,828	30,496	199	40,013	1,826	368,883

Note 15.3 Property, plant and equipment financing - 31 March 2023

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Owned - purchased	11,085	211,684	8,150	11,039	25,592	196	30,814	1,279	299,819
Owned - donated/granted	-	4,545	-	24,301	4,157	-	42	302	33,347
Total net book value at 31 March 2023	11,085	216,209	8,150	35,340	29,749	196	30,856	1,581	333,166

Note 15.4 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Subject to an operating lease		8,657							8,657
Not subject to an operating lease	14,082	229,026	14,754	29,828	30,496	199	40,013	1,826	360,226
Total net book value at 31 March 2024	14,082	237,685	14,754	29,828	30,496	199	40,013	1,826	368,883

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Subject to an operating lease		8,979							8,979
Not subject to an operating lease	11,085	207,230	8,150	35,340	29,749	196	30,856	1,581	324,187
Total net book value at 31 March 2023	11,085	216,209	8,150	35,340	29,749	196	30,856	1,581	333,166

Note 16 Donations of property, plant and equipment

The following organisations donated assets to the Trust during 2023/24:

Friends of Eastbourne Hospital £243,152 (2022/23 £421,913)

The League of Friends of the Bexhill Hospital CIO £56,362 (2022/23 £119,935)

Friends of Conquest Hospital CIO £56,815 (2022/23 £0)

East Sussex Healthcare NHS Charitable Fund £0 (2022/23 £67,301)

The League of Friends of Uckfield Community Hospital £7,490 (2022/23 £24,553)

Note 17 Revaluations of property, plant and equipment

The freehold property known as East Sussex Healthcare NHS Trust was valued as at 31 March 2024 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RCIS Valuation - Global Standards 2022 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards, and IFRS as adapted and interpreted by the Financial Reporting Manual (FRM). The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on an Existing Use Value basis.

As a result of the revaluation carried out on 31 March 2024, the Trust's assets were valued downwards by £15,407k (2022/23 upwards £11,797k). The revaluation resulted in gains of £7,468k (2022/23 £14,629k) which were applied to the Revaluation Reserve, and impairments of £22,875k (2022/23 £2,832k: £2,720k to Revaluation Reserve, £112k to I&E), of which £5,366k was taken to I&E, and the remainder was applied to the Revaluation Reserve.

The annual review of asset lives resulted in an in year decrease in depreciation of £41,722 (2022/23 £266,648 increase). Reducing asset lives increases in-year depreciation costs but decreases the number of years in which depreciation is charged for individual assets.

The range of lives of property, plant and equipment and intangibles are as follows:

Buildings (excluding dwellings), between 4 and 84 years (as per valuation)

Dwellings, 5 to 48 years

Plant and machinery, 3 to 80 years

Motor vehicles, 5 to 7 years

IT equipment, 3 to 15 years

Furniture and fittings, 3 to 70 years

IT in-house software (intangibles), 5 to 10 years

Note 18 Leases - East Sussex Healthcare NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust has leasing arrangements including building leases, equipment leases and vehicle leases.

The Trust is a lessee of space and property with NHS Property Services, and also the following properties:

Amberstone Hospital, Hailsham

Apex Enterprise Park, Hailsham

Beeching Road, Bexhill-on-Sea

Brampton Road, Eastbourne

Family Learning Centre Egerton Park, Bexhill-on-Sea

Rye Memorial Care Centre, Rye

St. Nicholas Centre, St. Leonards-on-Sea

Wheel Farm Business Park, Hastings

Firwood House, Eastbourne

Leaf Hospital, Eastbourne

Note 18.1 Right of use assets - 2023/24

	Property (land and buildings) £000	Plant & machinery £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	12,176	1,019	13,195	9,429
Additions	314	46	360	263
Movements in provisions for restoration / removal costs	4	-	4	3
Disposals / derecognition	(292)	(277)	(569)	(233)
Valuation/gross cost at 31 March 2024	12,202	788	12,990	9,462
Accumulated depreciation at 1 April 2023 - brought forward	1,370	285	1,655	949
Provided during the year	1,345	285	1,630	933
Disposals / derecognition	(54)	(102)	(156)	(23)
Accumulated depreciation at 31 March 2024	2,661	468	3,129	1,859
Net book value at 31 March 2024	9,541	320	9,861	7,603
Net book value at 1 April 2023	10,806	734	11,540	8,480
Net book value of right of use assets leased from other NHS providers				469
Net book value of right of use assets leased from other DHSC group bodies				7,134

Note 18.2 Right of use assets - 2022/23

	Property (land and buildings) £000	Plant & machinery £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2022 - brought forward	-	-	-	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	12,176	1,478	13,654	9,429
Disposals / derecognition	-	(459)	(459)	-
Valuation/gross cost at 31 March 2023	12,176	1,019	13,195	9,429
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	-
Provided during the year	1,370	397	1,767	949
Disposals / derecognition	-	(112)	(112)	-
Accumulated depreciation at 31 March 2023	1,370	285	1,655	949
Net book value at 31 March 2023	10,806	734	11,540	8,480
Net book value of right of use assets leased from other NHS providers				528
Net book value of right of use assets leased from other DHSC group bodies				7,952

Note 18.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.

	2023/24	2022/23
	£000	£000
Carrying value at 31 March	11,062	-
IFRS 16 implementation - adjustments for existing operating leases		12,933
Lease additions	360	-
Interest charge arising in year	107	118
Early terminations	(440)	(273)
Lease payments (cash outflows)	(1,559)	(1,716)
Carrying value at 31 March	9,530	11,062

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 7. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 18.4 Maturity analysis of future lease payments

	Of which leased from DHSC group bodies:		Of which leased from DHSC group bodies:	
	Total		Total	
	31 March	31 March	31 March	31 March
	2024	2024	2023	2023
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	1,494	953	1,571	898
- later than one year and not later than five years;	5,153	3,802	5,277	3,587
- later than five years.	3,324	2,895	4,214	3,575
Total gross future lease payments	9,971	7,650	11,062	8,060
Finance charges allocated to future periods	(441)	(364)	-	-
Net lease liabilities at 31 March 2024	9,530	7,286	11,062	8,060
Of which:				
Leased from other DHSC group bodies		7,286		8,060

Note 19 Inventories

	31 March 2024	31 March 2023
	£000	£000
Drugs	2,678	5,139
Consumables	4,995	4,922
Energy	180	178
Total inventories	7,853	10,239

Inventories recognised in expenses for the year were £76,502k (2022/23: £75,237k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £636k of items purchased by DHSC (2022/23: £1,690k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 20 Receivables

	31 March 2024	31 March 2023
	£000	£000
Current		
Contract receivables	19,582	27,373
Capital receivables	2,514	1,306
Allowance for impaired contract receivables / assets	(1,249)	(322)
Deposits and advances	34	40
Prepayments (non-PFI)	5,277	5,949
PDC dividend receivable	680	281
VAT receivable	2,435	1,653
Other receivables	1,078	737
Total current receivables	30,351	37,017
Non-current		
Contract receivables	2,401	2,572
Allowance for impaired contract receivables / assets	(554)	(588)
Other receivables	528	675
Total non-current receivables	2,375	2,659
Of which receivable from NHS and DHSC group bodies:		
Current	12,749	22,391
Non-current	528	675

Note 20.1 Allowances for credit losses

	2023/24 Contract receivables and contract assets	2022/23 Contract receivables and contract assets
	£000	£000
Allowances as at 1 April - brought forward	910	883
Changes in existing allowances	1,085	131
Utilisation of allowances (write offs)	(192)	(104)
Allowances as at 31 Mar 2024	1,803	910

Note 20.2 Exposure to credit risk

The expected credit loss is only applied to non-NHS debt. NHS and other DHSC organisations are excluded from the calculation as NHS transactions are considered to be part of the DHSC group accounts, with balances therefore eliminated on consolidation. As the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has a low exposure to credit risk.

Note 21 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2023/24 £000	2022/23 £000
At 1 April	47,518	61,108
Net change in year	(29,882)	(13,590)
At 31 March	17,636	47,518
Broken down into:		
Cash at commercial banks and in hand	95	109
Cash with the Government Banking Service	17,541	47,409
Total cash and cash equivalents as in SoFP	17,636	47,518
Total cash and cash equivalents as in SoCF	17,636	47,518

Note 21.1 Third party assets held by the trust

East Sussex Healthcare NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2024 £000	31 March 2023 £000
Bank balances	-	-
Monies on deposit	17	27
Total third party assets	17	27

Note 22 Trade and other payables

	31 March 2024 £000	31 March 2023 £000
Current		
Trade payables	2,738	376
Capital payables	2,493	1,292
Accruals*	29,571	51,061
Receipts in advance and payments on account	17	27
Social security costs	4,623	4,286
Other taxes payable	4,641	3,799
Pension contributions payable	5,370	4,881
Other payables	1,893	734
Total current trade and other payables	51,346	66,456
Non-current		
Capital payables	2,000	-
Total non-current trade and other payables	2,000	-
Of which payables from NHS and DHSC group bodies:		
Current	5,338	3,201

* Pay award accrual £730k (2022/23 £14.3m), other pay accruals £3.3m (2022/23 £5.8m).

Note 23 Other liabilities

	31 March 2024 £000	31 March 2023 £000
Current		
Deferred income: contract liabilities	2,523	3,251
Total other current liabilities	2,523	3,251

Note 24 Borrowings

	31 March 2024 £000	31 March 2023 £000
Current		
Lease liabilities	1,428	1,571
Total current borrowings	1,428	1,571
Non-current		
Lease liabilities	8,102	9,491
Total non-current borrowings	8,102	9,491

Note 24.1 Reconciliation of liabilities arising from financing activities

	Lease Liabilities £000	Total £000
Carrying value at 1 April 2023	11,062	11,062
Financing cash flows - payments and receipts of principal	(1,558)	(1,558)
Financing cash flows - payments of interest	(1)	(1)
Non-cash movements:	-	-
Additions	360	360
Application of effective interest rate	107	107
Early terminations	(440)	(440)
Carrying value at 31 March 2024	9,530	9,530

	Lease Liabilities £000	Total £000
Carrying value at 1 April 2022	-	-
Cash movements:	-	-
Financing cash flows - payments and receipts of principal	(1,716)	(1,716)
Non-cash movements:	-	-
Impact of implementing IFRS 16 on 1 April 2022	12,933	12,933
Application of effective interest rate	118	118
Early terminations	(273)	(273)
Carrying value at 31 March 2023	11,062	11,062

Note 25 Provisions for liabilities and charges analysis

	Pensions: early departure costs £000	Pensions: injury benefits £000	Legal claims £000	Other £000	Total £000
At 1 April 2023	24	1,377	154	1,120	2,675
Change in the discount rate	-	(42)	-	(115)	(157)
Arising during the year	3	163	75	4	245
Utilised during the year	(12)	(202)	(68)	(19)	(301)
Reversed unused	-	(142)	(45)	(164)	(351)
Unwinding of discount	-	(5)	-	34	29
At 31 March 2024	15	1,149	116	860	2,140
Expected timing of cash flows:					
- not later than one year;	10	192	116	328	646
- later than one year and not later than five years;	5	561	-	38	604
- later than five years.	-	396	-	494	890
Total	15	1,149	116	860	2,140

The provision for pensions early departure costs, and pensions injury benefits costs, are calculated by current payments to the NHS Pensions Agency and adjusted for average life expectancy and discounted using the HM Treasury published discount rates.

The provision for legal claims provides for the Liability to Third Party Schemes (LTPS) and Public & Employers Liability Scheme (PES). The provision covers the excess amount payable by the Trust and not the full liability of the claims which is borne by NHS Resolution under the non-clinical risk pooling scheme. The timings of cash flows are based on estimated dates for the finalisation of the claims. All are expected to be settled within one year.

The Clinicians' Pension Scheme relates to clinicians who are members of the NHS Pension Scheme and who as a result of work undertaken in the previous tax year (2021/22) face a tax charge in respect of the growth of their NHS pensions benefits above their pension savings annual allowance threshold and will be able to have this charge paid by the NHS Pension Scheme. NHS England have used the information provided by Government Actuary's Department (GAD) and Business Services Authority (BSA) and calculated a national 'average discounted value per nomination'. A provision broadly equal to the tax charge owed by clinicians who want to take advantage of the 2021/22 commitment. This will be offset by the commitment from NHS England and the Government to fund the payments to clinicians as and when they arise. Clinicians' Pension provision has been disclosed within other provisions and totals £534k.

Note 25.1 Clinical negligence liabilities

At 31 March 2024, £186,778k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of East Sussex Healthcare NHS Trust (31 March 2023: £216,307k).

Note 26 Contingent assets and liabilities

	31 March 2024 £000	31 March 2023 £000
Value of contingent liabilities		
NHS Resolution legal claims	(68)	(48)
Employment tribunal and other employee related litigation	(17)	(4,037)
Gross value of contingent liabilities	(85)	(4,085)
Net value of contingent liabilities	(85)	(4,085)

The contingent liability for legal claims represents the Liability to Third Party Schemes (LTPS) and Public & Employers Liability Scheme (PES) notified to the Trust by NHS Resolution.

Note 27 Contractual capital commitments

	31 March 2024 £000	31 March 2023 £000
Property, plant and equipment	13,120	11,821
Total	13,120	11,821

Note 28 Financial instruments

Note 28.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with NHS healthcare commissioners and the way the latter bodies are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency Risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest Rate Risk

The Trust may also borrow from government for revenue financing subject to approval by NHS England. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken. The Trust therefore has low exposure to interest rate fluctuations.

Credit Risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk

The Trust's operating costs are incurred under contracts with Integrated Care Boards (ICBs), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from within its capital resourcing limit as approved by Sussex ICB and DHSC. The Trust is not, therefore, exposed to significant liquidity risks.

Note 28.2 Carrying values of financial assets

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2024		
Trade and other receivables excluding non financial assets	24,299	24,299
Cash and cash equivalents	17,636	17,636
Total at 31 March 2024	41,935	41,935

	Held at amortised cost £000	Total book value £000
Carrying values of financial assets as at 31 March 2023		
Trade and other receivables excluding non financial assets	31,077	31,077
Cash and cash equivalents	47,518	47,518
Total at 31 March 2023	78,595	78,595

Note 28.3 Carrying values of financial liabilities

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2024		
Obligations under leases	9,530	9,530
Trade and other payables excluding non financial liabilities	36,341	36,341
Total at 31 March 2024	45,871	45,871

	Held at amortised cost £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2023		
Obligations under leases	11,062	11,062
Trade and other payables excluding non financial liabilities	49,707	49,707
Total at 31 March 2023	60,769	60,769

Note 28.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2024	31 March 2023
	£000	£000
In one year or less	35,835	51,278
In more than one year but not more than five years	7,153	5,277
In more than five years	3,324	4,214
Total	46,312	60,769

Note 28.5 Fair values of financial assets and liabilities

The fair value of receivables and cash is consistent with the carrying value in the Statement of Financial Position. Receivables consist of amounts to be collected within 1 year and the non-current receivables for Injury Cost Recovery income. Non current receivables are not discounted as the difference to carrying values is not considered material.

Payables arising under statutory obligations such as payroll taxes are not classified as financial liabilities. The fair value of payables is consistent with the carrying value in the Statement of Financial Position.

Note 29 Losses and special payments

	2023/24		2022/23	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	3	4	23	21
Bad debts and claims abandoned	46	189	147	82
Stores losses and damage to property	69	382	67	269
Total losses	118	575	237	372
Special payments				
Ex-gratia payments	38	23	53	19
Total special payments	38	23	53	19
Total losses and special payments	156	598	290	391

Note 30 Related parties

The Department of Health and Social Care (DHSC) is regarded as a related party. During 2023/24 East Sussex Healthcare NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

The bodies listed below have entered into income or expenditure transactions with the Trust over £500,000:

Kent and Medway ICB
 NHS England - Central Specialised Commissioning Hub
 NHS England - Core
 NHS England (Formally Health Education England and NHS Digital)
 NHS England South East Regional Office
 Royal Surrey NHS Foundation Trust
 Sussex Community NHS Foundation Trust
 Sussex ICB
 Sussex Partnership NHS Foundation Trust
 University Hospitals Sussex NHS Foundation Trust

In addition, the Trust has had transactions over £500,000 with the following government body:
 East Sussex County Council

The Trust has had a number of transactions over £500,000 with central government bodies:

NHS Blood and Transplant
 NHS Pension Scheme
 NHS Property Services
 NHS Resolution
 HM Revenue and Customs

The Trust has received revenue and capital payments of £244,541 (2022/23: £360,386) from East Sussex Healthcare NHS Trust Charitable Fund. East Sussex Healthcare NHS Trust (ESHT) is the sole Trustee of the East Sussex Healthcare NHS Charity. The Chair of the Charity is a non-Executive Director of the Trust Board. At 31 March 2024, £81,736 was owed to the Trust by the Charitable Fund (2022/23: £110,192).

The East Sussex Healthcare NHS Charitable Fund is not consolidated with the Trust accounts on the grounds of materiality.

Note 31 Prior period adjustments

The Trust has not made any prior period adjustments.

Note 32 Events after the reporting date

Events after the reporting period are events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the financial statements are authorised. These events can be adjusting or non adjusting. There are no adjusting or non-adjusting events after the reporting period.

Note 33 Better Payment Practice code

	2023/24	2023/24	2022/23	2022/23
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	106,465	254,285	109,320	239,752
Total non-NHS trade invoices paid within target	94,865	241,558	93,185	228,985
Percentage of non-NHS trade invoices paid within target	89.1%	95.0%	85.2%	95.5%
NHS Payables				
Total NHS trade invoices paid in the year	2,259	38,919	1,841	33,365
Total NHS trade invoices paid within target	2,157	37,475	1,819	33,359
Percentage of NHS trade invoices paid within target	95.5%	96.3%	98.8%	100.0%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 34 External financing limit

The Trust is given an external financing limit against which it is permitted to underspend

	2023/24	2022/23
	£000	£000
Cash flow financing	55,846	27,229
External financing requirement	55,846	27,229
External financing limit (EFL)	56,343	29,808
Underspend against EFL	497	2,579

Note 35 Capital Resource Limit

	2023/24	2022/23
	£000	£000
Gross capital expenditure	72,402	62,527
Less: Disposals	(415)	(1,071)
Less: Donated and granted capital additions	(4,059)	(24,935)
Charge against Capital Resource Limit	67,928	36,521
Capital Resource Limit	68,425	39,100
Underspend against CRL	497	2,579

Note 36 Breakeven duty financial performance

	2023/24	2022/23
	£000	£000
Adjusted financial performance surplus / (deficit) (control total basis)	(5,004)	28
Breakeven duty financial performance surplus / (deficit)	(5,004)	28

Note 37 Reconciliation of accounting performance to adjusted performance (control total basis)

	2023/24	2022/23
Adjusted financial performance (control total basis):		
Surplus / (deficit) for the period	(7,380)	23,601
Remove net impairments not scoring to the Departmental expenditure limit	5,366	112
Remove I&E impact of capital grants and donations	(2,944)	(23,746)
Remove net impact of inventories received from DHSC group bodies for COVID response	(46)	61
Adjusted financial performance surplus / (deficit)	(5,004)	28

Note 15.4 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2024

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Subject to an operating lease		8,657							8,657
Not subject to an operating lease	14,082	229,026	14,754	29,828	30,496	199	40,013	1,826	360,226
Total net book value at 31 March 2024	14,082	237,685	14,754	29,828	30,496	199	40,013	1,826	368,883

Note 15.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Subject to an operating lease		8,979							8,979
Not subject to an operating lease	11,085	207,230	8,150	35,340	29,749	196	30,856	1,581	324,187
Total net book value at 31 March 2023	11,085	216,209	8,150	35,340	29,749	196	30,856	1,581	333,166



East Sussex Healthcare
NHS Trust



Quality Account 2023/24



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Part 1 – Introduction





Statement of Quality from the Chief Executive

I am delighted to introduce our Quality Account 2023/24

This report is a summary of the trust's quality achievements during 2023/24 and is designed to assure our patients, partners and communities of the high quality clinical care we provide across our hospital and community services. It also provides a focus on those areas identified for further improvement and outlines what we are doing to improve, in addition to activity for our quality priorities in the coming 2024/25 period.

As we review this past year, when the NHS celebrated its 75th anniversary, it is a time to reflect on all our successes and challenges. Although there have been challenges for the NHS generally, we have remained focused on improving the quality of care we provide to our patients. We are also incredibly proud of all our hard working colleagues and volunteers who continue to go above and beyond, to ensure we provide the best possible care to our communities.



We continue to find innovative ways of working to build-on the changes adopted in recent years, including those developed during the pandemic. These include digital, virtual and robotic delivery, as well as exploring Artificial Intelligence through research to continue innovating. These have enabled many patients to receive services and interventions that provide a better patient experience.

The past year has also seen the development of our new values; kindness, inclusivity and integrity, with the work being led by our Partnership Forum – a group of staff representatives from across all areas of the trust. To ensure the views of as many of our colleagues as possible were considered, we undertook a series of face-to-face and online engagement events that involved 800 colleagues. The feedback around the new values has been overwhelmingly positive so far but this is just the start - we now begin work on embedding the values in everything we do.

Thank you all for your ongoing support.

Joe Chadwick-Bell
Chief Executive



About the trust

East Sussex Healthcare NHS Trust provides safe, compassionate and high-quality hospital and community care to the half a million people living in East Sussex and those who visit our local area.

We are one of the largest organisations in East Sussex with an annual income of £669 million and we are the only integrated provider of acute and community care in Sussex. Our extensive health services are provided by over 8,700 dedicated members of staff working from two acute hospitals in Hastings and Eastbourne, three community hospitals in Bexhill, Rye and Uckfield, over 100 community sites across East Sussex, and in people's own homes.



In 2020 the Care Quality Commission (CQC) rated us as 'Good' overall, and 'Outstanding' for being Caring and Effective. The Conquest Hospital in Hastings and our Community Services were rated 'Outstanding' and Eastbourne District General Hospital (EDGH) was rated 'Good'.

Our two acute hospitals have Emergency Departments and provide 24 hour a day care, offering a comprehensive range of surgical, medical, outpatient and maternity services, supported by a full range of diagnostic and therapy services. Our centre for urology and stroke services is at EDGH, while our centre for trauma services and obstetrics is at Conquest.

At Bexhill Hospital we offer a range of outpatients, day surgery, rehabilitation and intermediate care services. At Rye, Winchelsea and District Memorial Hospital we offer outpatients, rehabilitation and intermediate services.

Social Media

YouTube: @ESHTNHS

X: @ESHTNHS

Facebook: @ESHTNHS

At Uckfield Hospital we provide day surgery and outpatient care. We also provide rehabilitation services jointly with East Sussex County Council Adult Social Care.

In the community, we deliver services that focus on people with long term conditions living well outside hospital, through our Integrated Locality Teams working with District and Community Nursing teams. Community members of staff also provide care to patients in their homes and from a number of clinics, health centres and GP surgeries.

To provide many of these services we work in partnership with East Sussex County Council and other providers across Sussex, as part of a locally focused and integrated health and social care network. We aspire to provide locally-based and accessible services that are outstanding and always improving and our values shape our everyday work. Working together we drive improvements to care, services and the experience of local people and members of staff.





Purpose of the Quality Account and how it was developed

The Quality Account is an annual public report which allows us to share information on the quality and standards of the care and services we provide. It enables us to demonstrate the achievements we have made and identify what our key priorities for improvement are in the forthcoming year.

Since 2010 all NHS Trusts have been required to produce a Quality Account. The report incorporates mandatory statements and sections which cover areas such as our participation in research, clinical audits, a review of our quality performance indicators and what our regulator says about the services and care we provide.

In addition to the mandatory elements of the Quality Account, we have engaged with staff, patients and public, our commissioners and other stakeholders to ensure that the account gives an insight into the organisation and reflects the improvement priorities that are important to us all.



Part 2 – Priorities for Improvement and statements of assurance from the Board of Directors





Part 2.1 – Priorities for Improvement in 2024/25

Our Quality Strategy outlines the improvements required to achieve the Trust's ambition to be an outstanding and always improving organisation and describes the main improvement schemes we will be working on to ensure that we are able to deliver our ambition.

Priorities for improvement in 2024/25

- Patient Safety - Safe Administration/
Prescribing of Paracetamol
- Clinical Effectiveness - Reducing the number
of rejected pathology samples
- Patient Experience - Improving the Quality
of Decision making for people who lack
capacity





Patient Experience Priority

Improving the quality of decision making for people who lack capacity

Why this has been chosen as a priority?

People with cognitive impairment frequently lack capacity. This could be temporary or permanent and could be caused by a number of reasons e.g., dementia, a mental health condition, or substance misuse. Where the Mental Health Act is not applicable, those that do lack capacity are protected by a legal framework, the Mental Capacity Act, that health care professionals must legally follow when making decisions about treatment. Occasionally, however, this process is not properly followed or considered, leading to patients having unnecessary delays or the cancellation of their treatment. This can lead to distress for the patient and their families and/or carers.

What is mental capacity?

Your mental capacity means your ability to understand information and make decisions about your life. It can also mean the ability to communicate and utilise decisions about your life. Your capacity to make a decision can vary depending on the time that the decision needs to be made and the type of decision you need to make.

What does 'lacking capacity' mean?

If you lack capacity, this means that you're unable to make decisions. This might be permanently, or in the short-term:

- Permanent lack of capacity. This is where your ability to make decisions is always affected. For example, this might be because you have a form of dementia, a learning disability or brain injury.
- Short-term lack of capacity. This means your ability to make decisions changes from day-to-day. For example, this might be because of some mental health problems, if you're experiencing confusion as a side-effect of medication or if you're unconscious.

The Mental Capacity Act 2007 (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

It covers decisions about day-to-day things like what to wear or what to buy for the weekly shop, or serious life-changing decisions like whether to move into a care home or have major surgery. Several barriers are stopping people with a learning disability from getting good quality healthcare.

These barriers include:

- A lack of accessible transport links.
- Patients not being identified appropriately e.g. having a learning disability.
- Staff having little understanding about a person's condition.
- Failure to recognise that a person is unwell.
- Failure to make a correct diagnosis.
- Anxiety or a lack of confidence around people who lack capacity.
- Lack of joint working from different care providers.
- Not enough involvement allowed from carers.
- Inadequate aftercare or follow-up care.

People with a learning disability have worse health than people without a learning disability and are more likely to experience several health conditions.

What are we going to do?

We would propose choosing one or two of these areas and auditing the decision making that affects patients as they access treatment and journey through the pathway from referral to definitive treatment. The audit would look at the process of the decision making in this group of patients, compliance with the requirement of the Mental Capacity Act, involvement of appropriate support professionals, the involvement of carers and relatives, documentation, and the number or delays or cancellations that this group incurs and the reasons for them.

Where we identify issues, we would look to target these areas with improved documentation and guidance and training.

We would also look to raise awareness around these issues more generally amongst healthcare professionals in trust.

What will success look like?

Improved outcomes for people with cognitive impairment who are accessing our services. Improved compliance and adherence with the legislative framework, a reduction in cancellations or delays in procedures and a reduction in incidents reported.

How will we monitor progress?

Re-audit to assess decision making in the areas targeted and look for evidence of improved outcomes when reaudited such as improved compliance and adherence with the legislative framework, better documentation, a reduction in cancellations or delays in procedures and a reduction in incidents reported.



Patient Safety Priority

Safe Administration/Prescribing of Paracetamol

Why this has been chosen as a priority?

There have been incidents reported nationally where patients have been prescribed and administered the wrong dose of Paracetamol based on their weight. There has been a national safety report released which has recommended actions to ensure Paracetamol is prescribed and administered safely. Paracetamol, although thought to be a "safe drug", is of higher risk to patients; especially those of low weight, with liver impairment and those on multiple medicines. The aim is to raise awareness of the prescribing risks of Paracetamol and the relevance of patients' weight and other risk factors including liver function.

What are we going to do?

- Use improvement data to review current prescribing trends for paracetamol which will be used to test our improvement initiatives.
- Raise awareness of the prescribing risks associated with Paracetamol and the relevance of patients' weight.
- Develop educational materials and ensure all healthcare professionals involved in the prescribing, and administering of Paracetamol have the relevant training.
- Education and feedback to be provided on wards for Healthcare Professionals and during pharmacy prescribing teaching sessions for doctors.
- Ensure the new electronic prescribing system includes advice for oral Paracetamol prescribing that prompts weekly documentation of a patient's weight and consideration of the risk of liver toxicity when their weight is less than 50kg.

- Review available equipment on wards for weighing patients to ensure that accurate weights are obtained wherever possible.
- Review national guidance (and keep updated) for Paracetamol prescribing.
- Review prompts and alerts/ resources to support safer (electronic) prescribing.
- Review use of Paracetamol combination products (particularly at discharge) to reduce duplication of paracetamol dosing.

What will success look like?

- 100% of wards have the 'Medication Safety Bulletin' for Paracetamol on display across the trust.
- 100% of patients prescribed Paracetamol have their weight recorded to inform dosage.
- All wards will have appropriate scales/ weighing equipment for inpatients.
- Appropriate prescribing advice on EPMA including for low weight patients and those with liver impairment.
- Develop educational materials and ensure all Healthcare Professionals involved in the prescribing and administering of Paracetamol have the training.
- Education and feedback to be provided on wards for Healthcare Professionals and during pharmacy prescribing teaching sessions for doctors.
- Data to show improvement in prescribing paracetamol in low weight patients.

How will we monitor progress?

- Medication audit data
- Ward visits/ spot checks
- Data / Information from EPMA system



Clinical Effectiveness Priority

Reducing the number of rejected pathology samples

Why this has been chosen as a priority?

The Pathology department has sample rejection criteria for samples with the aim of ensuring patient safety by reducing the likelihood of incorrect or inaccurate results being released. Up to 5% of pathology requests have samples rejected due to avoidable circumstances including mismatched sample and form, unlabelled samples, or issues with the sample itself such as being haemolysed. This often leads to the sample needing to be retaken - causing an unnecessary invasive procedure. This in turn can result in delays to patient care, including longer wait times in Emergency department and delays to discharge. It also causes additional work for both the laboratory team and the requestor with regards to following up samples and raising and investigating incidents.

Work is currently ongoing to collect and analyse data regarding sample rejections in order to have a better understanding of how, why, and where this is occurring. The aim of this priority is to reduce the number of rejected samples thereby reducing the impact experienced by the patients affected, those requesting the samples, and the laboratory teams.

What are we going to do?

- A use of pathology services policy will be published alongside a campaign to ensure that all users are aware of the procedures for sending samples to pathology.
- Targeted campaigns will be conducted to improve sample taking, recording, and requesting in areas where the issue is most prevalent. These will include written/visual information such as posters and outreach/education events.
- Where a particular issue is identified in a specific area, we will work with those areas to identify any further preventative actions that can be taken.
- Data will continue to be analysed to assess whether these actions result in improvements.

What will success look like?

- A published use of pathology services policy
- A reduction in the number of rejected samples, reduction of Datix's, fewer patients having to be recalled to have samples retaken.

How will we monitor progress?

- Monitor overall numbers of samples rejected from a monthly audit of sample rejection codes.
- Monitor and trend rejections from specific areas where a particular issue has been identified.
- Trend Datix incidents regarding sample rejection issues





Part 2.2 – Other improvement priorities being taken forward for 2023/2024

Reconditioning our patients

Why was this chosen as a priority?

When an older patient is admitted into hospital physiological, physical, and psychosocial changes commence within 24 hours of bed rest affecting their ability to undertake Activities of Daily Living (ADLs) like walking and making a cup of coffee. Deconditioning is “the loss of physical, psychological and functional capacity due to inactivity” Public Health England 2021(PHE) and is associated with the loss of muscle mass, increased risk of falls and reduced independence.

Evidence suggests:

- Hospitalised patients are 61 times more likely to develop disability in ADL than those not hospitalised
- 17% of older medical patients who were walking independently 2 weeks prior to admission needed help to walk on discharge
- 60% of patients placed on bed rest have no documented rationale for this decision
- 50% of patients experience functional decline between admission and discharge
- Deconditioning contributes to delayed discharge in more than 47% of older patients

There is a national reconditioning program which aims to prevent deconditioning by encouraging designated areas to come up with innovative ways to promote physical activity, functional and emotional well-being. It is hoped that these will reduce deconditioning and associated harms, improve hospital discharges and improve patient outcomes. Associated harms are difficult to capture in current incident data bases as many are invisible such as psychological harm, and functional deconditioning. We will design, trial and agree metrics to demonstrate the impact of initiatives.

What did we do in 2023/24?

- Implementation of a FEDs (Frailty Early Discharge Scheme) on the Frailty unit at the EDGH
- A business case was developed; however it will be more cost efficient to review and introduce individual aspects of improvement in phases.
- Time to Move prompts have been introduced - Making Every Contact Count
- Additional ward leaders will join the Matrons for their 13-week checks – enabling new and fresh eyes from a different perspective.
- Working with Volunteer services - a volunteer retired from ASC (Adult Social Care) has started with reading and talking with one patient to organising and leading activities on one ward
- Working with the Dementia team - Limited availability currently but recruitment will take place soon
- Mobility Wars - 10m walk-way - how far can we collectively get?
- Communal eating – using patient bedside tables in the centre of the bay in the absence of a day room on most wards
- Staff dedicated to advising wards when procuring new chairs and other equipment to ensure a good selection of different chair availability on each ward
- Bitesize training available – revisit deconditioning, mobility and aides
- Identified reconditioning champions for each ward – supporting education of staff, championing mobility games.
- Successful charitable bid for activities with trolleys for each ward and activity suggestions

How have we done / How have we measured success?

- Spot checks around patients sitting out for meals, being dressed, communal eating to identify trends, ensure compliance to required standards of care and drive continuous improvement
- Consistently capturing patient feedback (Friends and Family Testing) – analysis, and acting upon results. Flagging any identified concerns to the leadership team.

Our plans for the future...

- Champions study day planned for June 2024
- Further bite size training for the wards to focus on therapies contribution, nutrition and hydration
- Ongoing Trust discharge training – every other month. Session on deconditioning and reconditioning.
- A deconditioning 3 minute video is being produced – this will be displayed on the trust website to support and remind patients to remain active.
- Working on information leaflets for patients and relatives
- Develop our own feedback forms and capture patient stories
- Looking at Bathrooms - More conducive to patients and independence with ADLs – Shelves, Plugs for sinks, mirrors, handles and rails, seats and stools.
- Look at different ways to capture Key Performance Indicators
- Further discussions with finance regarding development of a business case.



Part 2.3 – Statements of Assurance from the Board of Directors

During 2023/24 the trust provided and/or sub-contracted 88 NHS services.

The trust has reviewed all the data available to them on the quality of care in all 88 of these NHS services.

The income generated by the NHS services reviewed in 2023/24 represents 100% of the total income generated from the provision of NHS services by the trust 2023/24.

Participation in Clinical Audit and National Confidential Enquiries

Clinical audit is used within the trust to aid improvements in the delivery and quality of patient care and is viewed as a tool to facilitate continuous improvement. Clinical audit involves the review of clinical performance against agreed standards, and the refining of clinical practice as a result.

The National Clinical Audit Patient Outcomes Programme (NCAPOP) is a set of national clinical audits, registries and confidential enquiries which measure healthcare practice on specific conditions against accepted standards. These projects give healthcare providers benchmarked reports on their performance, with the aim of improving the care provided. The Trust is fully committed to supporting and participating in all applicable NCAPOP studies.

The trust follows a comprehensive and focused annual Clinical Audit Forward Plan which is developed in line with the Trust's strategy and quality agenda. The Forward Plan is formulated through a process of considering both national and local clinical audit priorities for the year ahead.

The national clinical audits and confidential enquiries that the trust was eligible to participate in during 2023/24 are detailed below.

National Audit and National Confidential Enquiries Programme

During 2023/24, 60 national clinical audits and five national confidential enquiries covered relevant health services that the trust provides.

During that period, the trust participated in 98% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

Details of the national clinical audits and national confidential enquiries that the trust was eligible to participate in during 2023/24 can be found in Appendix 1.

The national clinical audits and national confidential enquiries that East Sussex Healthcare NHS Trust participated in, and for which data collection was completed during 2023/24, are listed in Appendix 2, alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.



National Confidential Enquiries into Patient Outcome and Deaths (NCEPOD)

NCEPOD issued three applicable reports in 2023/24:

- Transition from child into adult healthcare – The Inbetweeners - Published June 2023.
- Crohns Disease – Making the Cut – Published July 2023
- Community Acquired Pneumonia – Published December 2023

Mothers and Babies Reducing Risk through Audits and Confidential Enquiries (MBRRACE)

Maternal deaths to be reported are all deaths of pregnant women and women up to one year following the end of the pregnancy (regardless of the place and circumstances of the death).

Perinatal Deaths and Infant Deaths are reported by nominated staff in each hospital via the MBRRACE-UK system.

The Women and Children's division continues to report:

- Late fetal losses – the baby is delivered between 22 weeks+0 days and 23 weeks+6 days of gestation (or from 400g where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred
- Stillbirths – the baby is delivered from 24 weeks+0 days gestation (or from 400g where an accurate estimate of gestation is not available) showing no signs of life, irrespective of when the death occurred
- Early neonatal deaths – death of a live born baby (born at 20 weeks+0 days gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring before 7 completed days after birth
- Late neonatal deaths – death of a live born baby (born at 20 weeks+0 days gestation of pregnancy or later or 400g where an accurate estimate of gestation is not available) occurring between 7 and 28 completed days after birth

Terminations of pregnancy – All terminations from 22+0 weeks are notified and from 20 +0 weeks which resulted in a live birth ending in neonatal death should be notified.

Note: Births showing no signs of life (stillbirths and late fetal losses) – All births delivered from 22 weeks+0 days gestation showing no signs of life must be reported to MBRRACE-UK, irrespective of when the death occurred. This is to ensure complete data collection in line with the World Health Organisation (WHO) guidelines and to allow international comparisons. Please ensure that both the date of delivery and the date of confirmation of death are reported.

Note: PMRT reviews – These criteria are not the same as the babies the Perinatal Mortality Review Tool supports review of. Details can be found in the latest version of the document “Guidance for using the PMRT” found in the PMRT section of the website, or the surveillance “User guide” found in the Perinatal surveillance section of the website.

UKOSS UK Obstetric Surveillance System

The UK Obstetric Surveillance System is a national system established to study a range of rare disorders of pregnancy, including severe ‘near-miss’ maternal morbidity. The Women & Children’s Division contributes, where cases meet the criteria, to these studies.

Reporting to UKOSS is undertaken by the divisional Governance Team.

The studies undertaken during the period 2023/24 include:

Study	Cases
Amniotic Fluid Embolism	0
New Therapies for Influenza	0 (closed 30/4/2023)
Previous cardiomyopathy	0
Thrombotic microangiopathy associated Acute Kidney Injury	Not participating as data unavailable
NEW: Biological agents in pregnancy	0
NEW: Severe Pyelonephritis in Pregnancy	0 (closed 30/9/2023)
NEW: Long-term non-invasive ventilation in pregnancy	Not participating as data unavailable

National Clinical Audit Reports in 2023/24

The reports of 22 national clinical audits were reviewed by the Trust in 2023/24. The Trust scrutinises each set of results to benchmark the quality of care provided, identify successes for celebration and / or identify any risks for mitigation. Recommendations for local improvement and change are considered and tracked via a central clinical audit action plan.

Two of these completed national clinical audits are detailed below with the associated actions that the Trust intends to take (if required) to improve the quality of healthcare provided.

Full details of all mandated national clinical audits and Trust specific results are available online via: <https://www.hqip.org.uk/>



Society for Acute Medicine Benchmarking Audit (SAMBA) 2023

The Society for Acute Medicine Benchmarking Audit (SAMBA) 2023 provides a snapshot of the care provided for acutely unwell medical patients in the UK over a 24-hour period on Thursday 22nd June 2023.

Maintaining and improving the quality of care provided to our patients within acute medicine services is vital, but presents an ongoing challenge given the continual pressures felt across the urgent and emergency care system.

Overall message

Performance against all key clinical quality indicators was higher than SAMBA22 but remained lower than had seen previously. Acute care services face ongoing pressures, and careful consideration of how clinical quality and efficient patient pathways can be maintained is needed.

Emergency medicine remains the most common route of referral, with many units seeing a high proportion of their patients within the Emergency Department. However, the proportion of unplanned attendances who have their first clinical assessment in Same Day Emergency Care services has increased, reflecting increased use of these pathways, which achieve a higher performance against acute medicine clinical quality indicators.

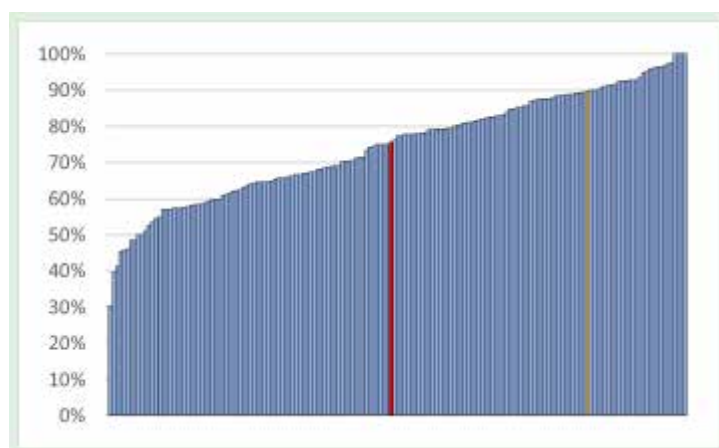
SAMBA23 local report - Eastbourne DGH

Key to Trust results

Trust site 

National Average 

Early Warning Score

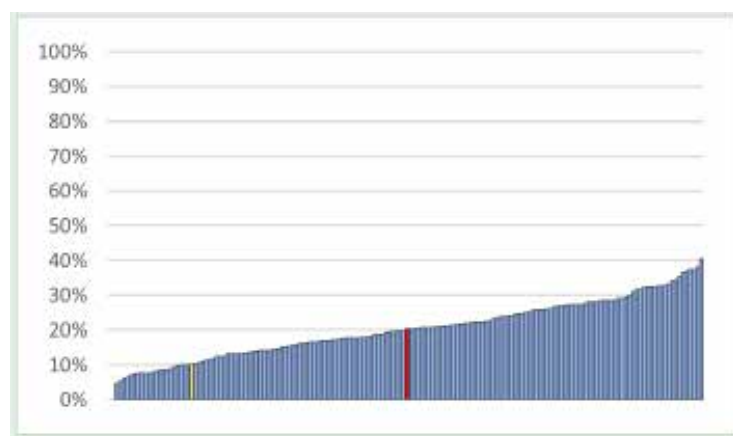


Percentage of unplanned admissions with Early Warning Score recorded within 30 minutes of hospital arrival.

Median unit performance: 76%

EDGH: **90%** (2022 = 58%)

Unplanned admissions

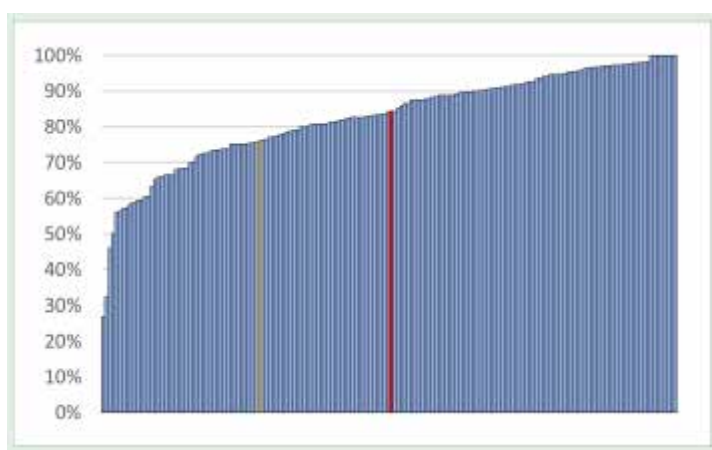


Percentage of unplanned admissions who had been in hospital in the prior 30 days

Average: 20%

EDGH: **10%** (2022 = 19%)

First Clinician Review

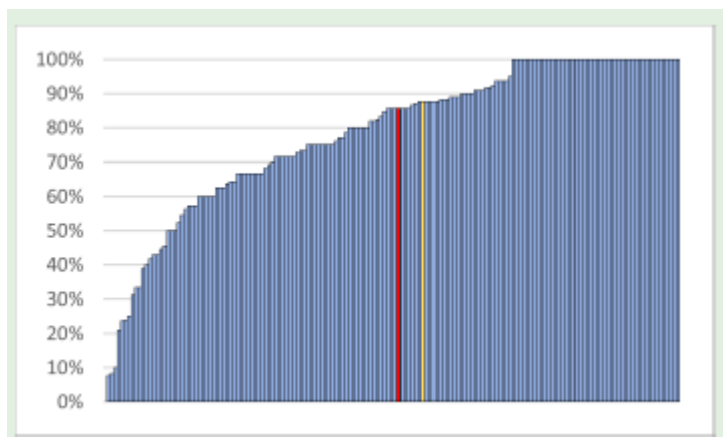


Percentage of unplanned admissions reviewed by a competent clinical decision maker within 4 hours of hospital arrival

Median unit performance: 84% (2022 = 82%)

EDGH: **89%** (2022 = 76%)

Out of Hours Consultant Review



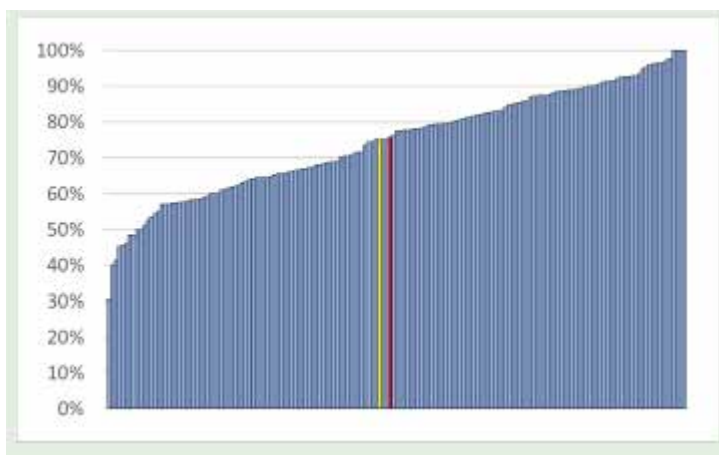
Percentage of unplanned admissions arriving overnight (20:00 – 08:00) with a consultant review within the target time (14 hours)

Median unit performance: 86%

EDGH: 88% (2022 = 100%)

SAMBA23 local report - Conquest Hospital

Early Warning Score

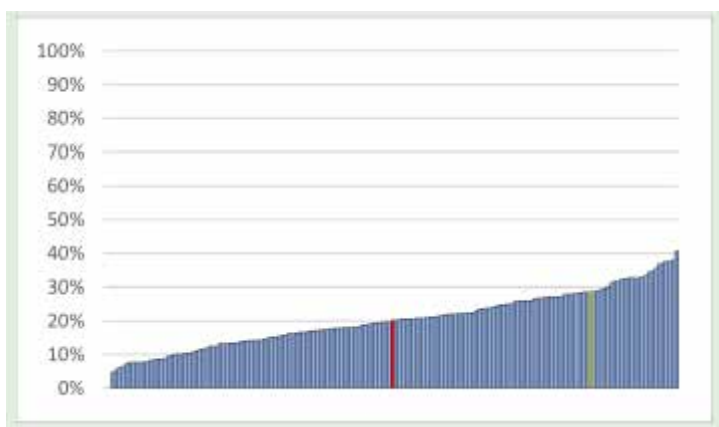


Percentage of unplanned admissions with Early Warning Score recorded within 30 minutes of hospital arrival.

Median unit performance: 76%

CONQ: 75% (2022 = 68%)

Unplanned admissions

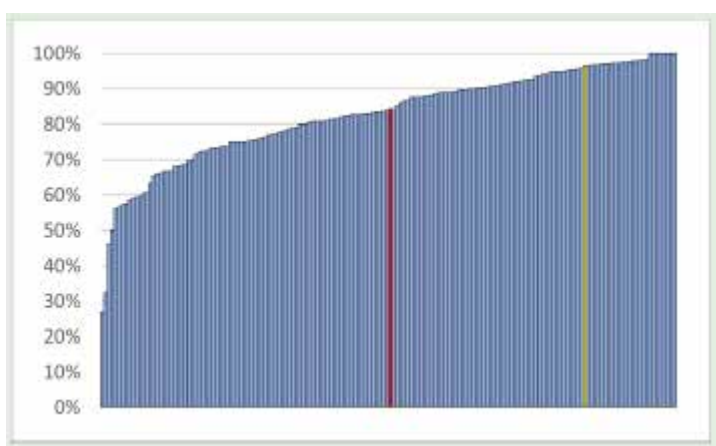


Percentage of unplanned admissions who had been in hospital in the prior 30 days

Average: 20%

CONQ: 29% (2022 = 34%)

First Clinician Review

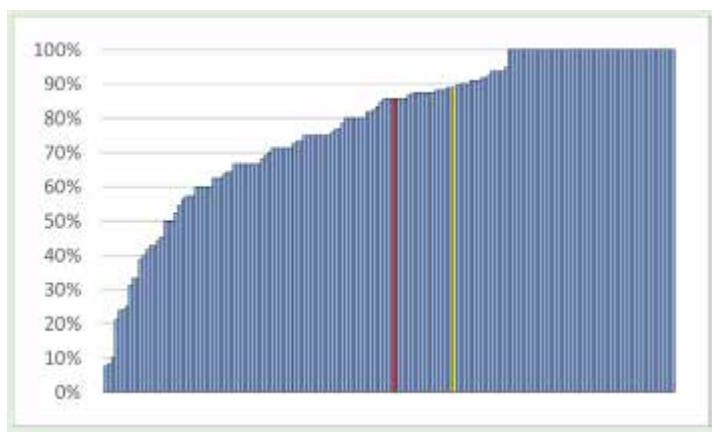


Percentage of unplanned admissions reviewed by a competent clinical decision maker within 4 hours of hospital arrival

Median unit performance: 84%

CONQ: **96%** (2022 = 86%)

Out of Hours Consultant Review



Percentage of unplanned admissions arriving overnight (20:00 – 08:00) with a consultant review within the target time (14 hours)

Median unit performance: 86%

CONQ: **89%** (2022 = 100%)

Trust SAMBA Audit Action Plan

Recommendation	SMART Action Point	Action by deadline	Action status
All patients admitted to an AMU should have an early warning score (EWS) measured upon arrival	Communicate to nursing staff about the importance of NEWS to be measured and documented on arrival.	30 June 2023	Completed
All patients should be seen by a competent clinical decision maker within 4 hours of arrival on AMU, who will perform a full assessment and instigate an appropriate management plan	Share findings with Acute and ED via email, <i>as local results were above national average continue to deliver service as it is being delivered</i>	30 June 2023	Completed
All patients should be reviewed by the admitting consultant physician or an appropriate specialty consultant physician within 6 hours of admission to hospital or within 14 hours of admission to hospital.	Share findings with Acute and ED via email, <i>as local results were above national average continue to deliver service as it is being delivered</i>	30 June 2023	Completed
Outcomes shown for overall cohort and for the unit (14-day follow-up).	Share findings with Acute and ED via email, reminding the management of patients to discharge them when possible.	30 June 2023	Completed

National Audit of Dementia – Round 5



The National Audit of Dementia care in general hospitals (NAD) examines aspects of care received by people with dementia in general hospitals in England and Wales. The audit is commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England/NHS Improvement and the Welsh Government, as part of the National Clinical Audit Programme.

Data collection

Round 5 of NAD collected data between September 2022-January 2023. The audit was open to all general acute hospitals in England and Wales providing acute services on more than one ward which admits adults over the age of 65.

Key Findings

Delirium Screening

87%

patients received an initial screen for delirium

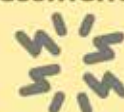


Up from **58%** in previous round

Pain Assessment and Reassessment

61%

patients only had questioning as a pain assessment



92% received any pain assessment

92% received a pain reassessment

Discharge

39%

patients had a discharge plan initiated within 24 hours of admission

Median length of stay days **10**

Feedback from carers

Rating for overall quality of care decreased

Rating for quality of communication decreased



72%
2019

66%
2023

65%
2019

60%
2023

Positive responses **decreased** from previous round for all questions

Key Findings

Identifying People with Dementia

Unverifiable figures returned by hospitals for total number of patients with dementia identified per year, ranging from

33 – 29,769

with proportion of patients with dementia varying from

0% – 15%

Personal Information Document

Proportion of patients with a personal information document decreased

59%
2019

46%
2023

Staff Expertise

20 hospitals reported having **no lead nurse** for dementia

Staff Training

Large variations of training reported, with

0% – 100%

hospital staff with **tier 1 training**

80% hospitals were able to provide figures for staff with **tier 1 training**

58% hospitals were able to provide figures for staff with **tier 2 training**

Dementia Friendly Environment Review

51% reviews taken place throughout the hospital/all adult wards

11% hospital review status' were **unknown or not taken place**

12% environmental review changes were **completed**

Trust VS National result benchmarking

Key Metrics	National	EDGH	CONQ
% Delirium screen (inc. noted on admission)	87%	98%	90%
% Pain assessment	92%	87%	92%
% Pain reassessment	92%	74%	89%
% Pain tool – question only	61%	91%	94%
% Initiation of discharge plan in first 24 hours	45%	23%	18%
Carer rating overall care quality	66%	13%	100% (based on 1)
Carer rating communication	60%	0%	100% (based on 1)

Recommendation	SMART Action Plan	Action by deadline	Update on action
Carer rating overall care quality and communication	Discuss with the Dementia Champions to promote the completion of the carer questionnaires on the wards	31.07.2023	<p>17.01.2024 Action was discussed at the dementia care steering group. Dementia care leads confirmed this has been added to the dementia performance review for tracking. Dementia Champion involvement to promote completion of carer feedback questionnaires.</p> <p>22.04.2024 Team update - This is routinely done in the Dementia Champion catch up and training sessions.</p>

Summary Data	National	EDGH	CONQ
% People with dementia admitted to hospital over previous year	Range between 0.1% - 15% Median 3%	4%	4%
% People with personal information document at bedside	46%	10%	10%

Recommendation	SMART Action Plan	Action by deadline	Update on action
% People with personal information document at bedside	Promote via communications the Butterfly scheme and the use of the Reach out to Me document	31.07.2023	<p>17.01.2024 Action was discussed at the dementia care steering group. Dementia care leads confirmed this has been added to the dementia performance review for tracking. Promotion of Reach Out to Me through deconditioning project and as part of NAD action plan</p> <p>22.04.2024 Team update - In terms of the Butterfly scheme and person-centred document, Bev did suggest putting the Reach out to Me to the Matrons at their Safety huddles during Dementia Action Week which we thought a good idea. We plan to promote this once again on Comms during Dementia action week.</p>
	Discuss with the Dementia Champions to promote the Butterfly scheme on the wards	31.07.2023	<p>22.04.2024 Team update - In terms of the Butterfly scheme and person-centred document, Bev did suggest putting the Reach out to Me to the Matrons at their Safety huddles during Dementia Action Week which we thought a good idea. We plan to promote this once again on Comms during Dementia action week.</p>
	Complete a QIP to improve the use of the Reach out to Me document	31.07.2023	<p>30.01.2024 - Local Audit 1472 initially looked at how many patients had the bedside check. On evaluation of 32 patients with dementia admitted on the Frailty wards, only 5 had a REACH out to me document in their clinical case notes accounting to 15.6%. All 5 had up to date information provided (100%). Action plan identified conducting the QIP and sharing the findings.</p> <p>Leads to be identified for completion of the QIP.</p>
	Consider adding a dementia dashboard on Nervecentre	31.07.2023	<p>17.01.2024 Dementia dashboard test version is on nervecentre before it goes live. For already identified patients know to the dementia team.</p>

Summary Data	National	EDGH	CONQ
Number of Lead Nurse for Dementia in post	Ranged between 0-6	1	1
% Staff with Tier 1 training	86%	R5 - unknown R6 – 30%	R5 - unknown R6 – 30%
% Staff with Tier 2 training	45%	R5 - unknown R6 – 31%	R5 - unknown R6 – 31%

Recommendation	SMART Action Plan	Action by deadline	Update on action
Carer rating overall care quality and communication	Discuss with learning and development and the Senior Management Team regarding T1 training being essential to complete	31.07.2023	17.01.2024 Dementia care leads met with the senior management team. Waiting for an update from learning and development regarding the training becoming mandatory. 22.04.2024 Team update - Awaiting feedback about a decision on Essential training. Our training figures have increased and we will again promote the Dementia training during National Dementia Action week.
	Request staff need to complete Tier 1 training before booking other dementia training	31.07.2023	22.04.2024 Team update – awaiting decision on whether this can become mandatory for Trust staff. All HCAs will now receive Tier 1. We have requested that Tier 1 is completed before booking on any other dementia care training.
% Staf with Tier 2 Training	Promote the training available for staff to complete. Ensure the number recorded for the ADS includes adult ward staff	31.07.2023	22.04.2024 Team update - we continue to be promote the training and this now incorporates CAIT. We would like to work with Comms to promote this, advising of the CAIT content. Numbers to the Tier 2 study days continue to be full. All training will be promoted again during National Dementia Action week and regularly at our Link meetings.



The National Joint Registry records, monitors, analyses and reports on performance outcomes in joint replacement surgery in a continuous drive to improve service quality and enable research, to ultimately improve patient outcomes.

Gold-level - NJR Quality Data Provider three-tier award scheme

The Conquest Hospital has been awarded as an NJR Quality Data Provider for 2023.

The 'NJR Quality Data Provider' scheme has been devised to offer hospitals public recognition for achieving excellence in supporting the promotion of patient safety standards through their compliance with the mandatory National Joint Registry (NJR) data submission quality audit process and by awarding certificates the scheme rewards those hospitals who have met the targets. From the 2022/23 audit year onwards, a new three-tier, gold, silver and bronze awarding system was applied to the scheme to further encourage all hospitals to strive to achieve the most excellent data quality standard.

The award targets are now awarded based on: audit compliance; the percentage of cases with no audit status; and the percentage of audit cases which have failed to be submitted. Hospitals are also required to have a minimum baseline compliance of 95% to qualify for an award. We know that meeting these NJR targets requires a strong departmental effort, and the award is also a way for all staff who have worked to achieve compliance targets during the 2022/23 data quality audit year to be thanked.

The hospital NJR Quality Data Provider Award 2023 certificate serves to recognise and reward the high standards and NJR targets being reached by hospitals. Hospitals who achieve NJR award status also have the relevant award emblem placed on their hospital dashboard page at www.surgeonprofile.

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The website displays orthopaedic volume data, which is published on an annual basis (refreshed in January each year) for joint replacement procedures in all the hospitals in the geographical locations where the NJR is operational.

Phillip Huggett-Robinson – National Registry
Officer

Theatre Matron – Anna Lawrence

Mr Guy Selmon – Clinical Lead

Daiana Michnea – Quality and Improvement
Coordinator Trauma and Orthopaedic Department





EPILEPSY12

The Royal College of Paediatrics and Child Health (RCPCH) are delivering the national clinical audit of seizures and epilepsies in children and young people, better known as:

Epilepsy12

This audit has been recommissioned by the Healthcare Quality Improvement Programme (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP).

East Sussex Healthcare NHS Trust has provisionally been identified as a positive outlier for Epilepsy Specialist Nurse Input in the 2022/2023 data analyses.

As part of its annual reporting process the Epilepsy12 audit has conducted Trust/Health Board outlier analysis on two audit measures for clinical cohort 5 data. The purpose of the outlier process is to identify and highlight variation, enable local review of the causes of that variation and stimulate quality improvement.

Metrics used for outlier definitions.

In our analysis, two metrics have been used to define outlier status within the Epilepsy12 audit:

1. Epilepsy Specialist Nurse (ESN) input – Percentage of children with epilepsy input by an epilepsy specialist nurse by first year.
2. Tertiary input - Percentage of children meeting defined criteria for paediatric neurology referral, with input of tertiary care and/or CESS referral by first year.

**Note that case ascertainment has been suspended from the outlier analyses due to methodological reasons.*

Information about how we calculate each measure can be found in our Round 4 [methodology overview](#). Epilepsy12 defines outlier status as being outside of 2 or 3 standard deviations from the national average). Depending on the measure, negative and positive outlier status can be defined. For negative outlier status 'alert' status is defined as outside 2 standard deviations from the performance mean and 'alarm' when outside of 3 standard deviations. For positive outlier status 'excellent' or 'outstanding' performance are defined respectively as 2 and 3 standard deviations above the average.

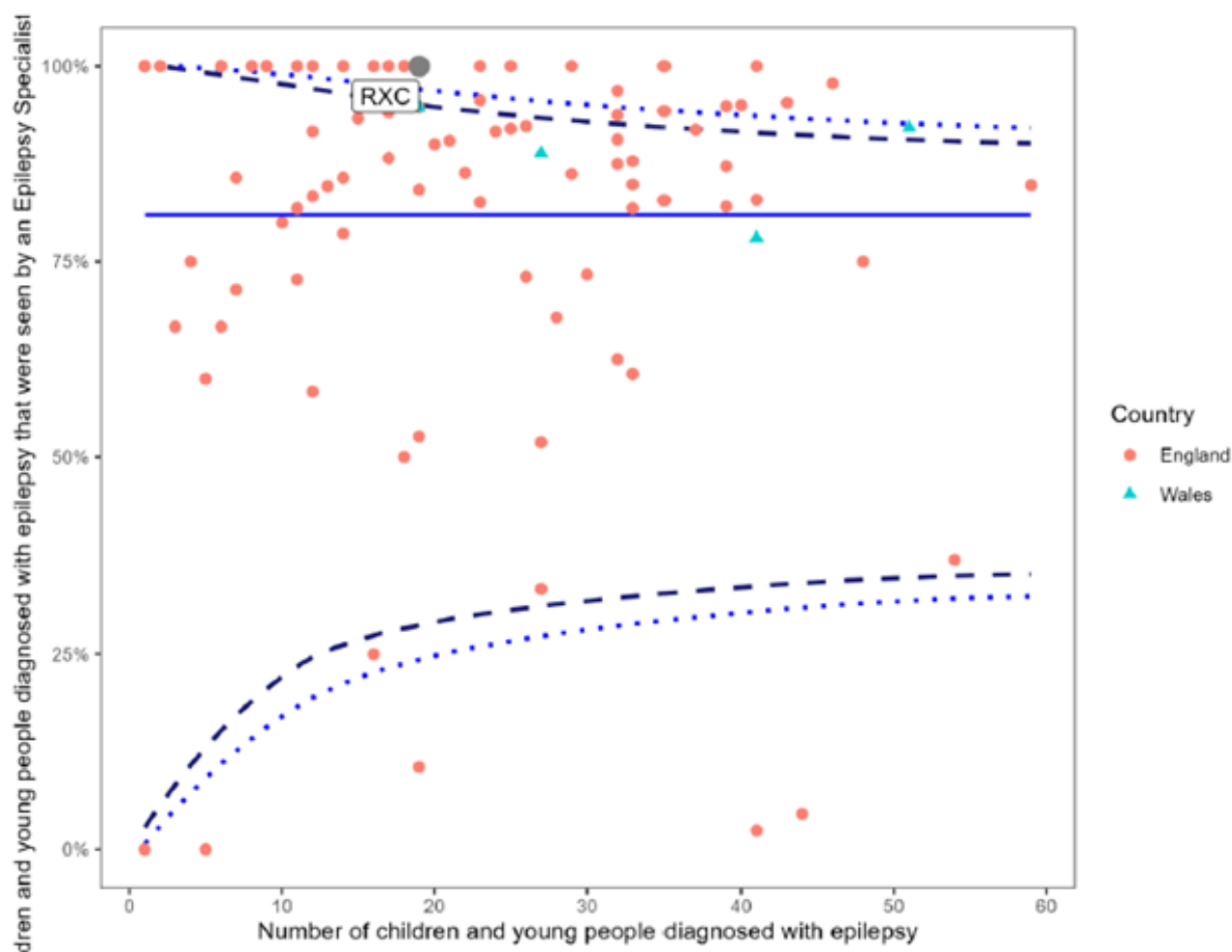


Figure 1 – Funnel plot for Epilepsy Specialist Nurse Input

We are pleased to confirm that East Sussex Healthcare NHS Trust has been identified as an **Outstanding** outlier for the audit measure Epilepsy Specialist Nurse Input.

Table 1 – Results table for Epilepsy Specialist Nurse Input input.

	Trust numerator	Trust Denominator	Trust Percentage	England/Wales Average
East Sussex Healthcare NHS Trust	19	19	100%	81%

Quality Reviews

The Trust's Clinical Effectiveness Team regularly undertake Quality Reviews to assess compliance and implementation of best practice national recommendations across the Trust.

This process enables the Trust to continually improve service user outcomes and recovery processes by:

- Placing best practice guidance at the heart of clinical governance by providing mechanisms for reviewing and addressing non-adherence issues systematically and explicitly
- Contributing to continuing clinical education
- Ensuring compliance with Care Quality Commission (CQC) Fundamental Standards

Aims and objectives

- To assess and review the completeness of clinical audit and NICE action plans, ensuring actions have been fully embedded in practice.
- To provide evidence of robust implementation and track continuous improvement in patient care.
- To flag up any areas of non-compliance or concern to the appropriate specialty / division for monitoring and further action as appropriate.
- To mitigate any identified risks to patient and staff safety, sharing lessons learnt across the Trust.

Snapshot assessment of compliance with NICE QS152 – Liver Disease

This Quality Improvement Review was undertaken as part of the ongoing monitoring and review of NICE Guideline, QS152: Liver Disease - Gastroenterology had previously confirmed full compliance. This review covers Statements 1, 4 and 5 (Quality Statements 2 and 3 are currently in developmental stages)

Findings

19 patients had been coded with liver disease between 1st February 2023 and 30th April 2023:

Quality Statement 1 – People with non alcoholic fatty liver disease are given advice on physical activity, diet and alcohol

Three patients (16%) were found to have a fatty liver not related to alcohol. These three patients were all given advice on physical activity, diet and alcohol as per the guideline.

Diagnosis	Number of pts	Result
Fatty liver, no alcohol	3	100%

Quality Statement 4 – Surveillance for hepatocellular carcinoma

Adults with cirrhosis should be offered 6-monthly surveillance for hepatocellular carcinoma. Of the 19 patients reviewed, 10 patients who had cirrhosis were on appropriate 6-month surveillance. It should be noted, however, that 1 patient was non-compliant with appointments.

Diagnosis	Number of pts	Result
Cirrhosis of the liver	10	100%

Quality Statement 5: Prophylactic intravenous antibiotics for upper gastrointestinal bleeding

Diagnosis	Number of pts	Result
Prophylactic intravenous antibiotics	2	100%

It was necessary to provide prophylactic antibiotics in only 2 (10%) patients. The remaining 17 patients did not require antibiotics at this time.

Conclusion - This review has evidenced Trust is compliant with QS152: Liver Disease.

Assessing the effectiveness of ReSPECT documentation in the Early Care setting

The Trust's Clinical Effectiveness Team regularly undertake Quality Reviews to assess compliance and implementation of best practice national recommendations across the trust.

This audit was assessing compliance for the completion of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms for patients:

- with long-term or life-limiting conditions or disabilities
- who have deteriorated over a short period of time
- at significant risk of death or cardiorespiratory arrest
- undergoing an intervention, such as surgery
- who are nearing the end of life
- who request a ReSPECT form

An initial audit was undertaken in July 2021 (5074) because there were concerns regarding the discussions in detail about treatment recommendations and details of emergency contacts not always being recorded.

It had been two years since the ReSPECT forms had replaced the traditional DNAR forms in the trust, so the audit supported assessment of compliance and effectiveness of the form. The Resus Council UK and the trust guidelines were used as standards of care. Findings from the audit was published in the Physician Journal (op-17) 2021, Birmingham.

A re-audit was conducted in May 2022 (5239) to establish if the changes listed in the action plan following the baseline audit in July 2021 had led to improvements in the process of ReSPECT documentation in the elderly care setting at EDGH.

Clinical standard	1 st Audit	2 nd Audit
100% of all admitted patients with severe disabilities, irreversible conditions, deteriorating conditions or frailty should be considered for a ReSPECT form discussion.	46%	56%
100% of the filled forms should have clear and legible handwriting	68%	73%
100 % of the forms need to have patient's personal details mentioned including the preferred name and date of filing the form	20%	20%
100% of the forms need to mention the summary of relevant patient's information used to guide the decision-making including diagnosis and expected prognosis. Any special communication needs of the patient needs to be mentioned as well.	10%	39%
100 % of the filled forms need to mention patient's personal preferences and priorities for care, if they have the capacity to record these	78%	54%
100 % of the forms need to record clear clinical recommendations with the clinician's signature over the CPR decision	30%	51%
100% of the forms should mention if the patient has the capacity to contribute towards treatment recommendations and if not the details of the legal proxy has to be mentioned	78%	76%

Audit Action Plan - Assessment of completeness

Audit Recommendation	Action required	Process of review / Evidence found	Outcome
Patients and their families are not properly involved in the decision-making process.	Share findings at the Frailty Grand round and CG meeting. Look at what is missing in relation to shared decision making	Presented at the Geriatric Medicine Tutorial via Microsoft Teams Tuesday 12th July 2022 at 1pm -2pm. Presented at the Frailty CG meeting 28 th July 2022. Audit presented, findings presented and shared what elements were missing in the process	Full assurance
Clinical recommendations are sparse and mainly limited to ceilings of treatment and the form is still primarily utilized as a DNA CPR order	Share findings at the Frailty Grand round and CG meeting. Share the new ReSPECT forms are available	Presented at the Geriatric Medicine Tutorial via Microsoft Teams Tuesday 12th July 2022 at 1pm -2pm. Presented at the Frailty CG meeting 28 th July 2022. Information regarding the respect form and its use is available on the intranet.	Full assurance
The ReSPECT process still has a poor turnout in the Elderly medicine wards	Share findings at the Frailty Grand round and CG meeting. Gain feedback as to why not being completed	Presented at the Geriatric Medicine Tutorial via Microsoft Teams Tuesday 12th July 2022 at 1pm -2pm. Presented at the Frailty CG meeting 28 th July 2022. No documented evidence of why they are not being completed.	Partial assurance
There is less evidence of consultant participation in the ReSPECT process	Share findings at the Frailty Grand round and CG meeting. Discuss with consultants the findings	Presented at the Geriatric Medicine Tutorial via Microsoft Teams Tuesday 12th July 2022 at 1pm -2pm. Presented at the Frailty CG meeting 28 th July 2022. Discussed with all the consultants who realised the importance of participation in the ReSPECT discussion.	Full assurance
Re-audit to check compliance figures	Re-audit after 6 months of findings shared and implementation of actions	Audit 1147 currently underway. An additional audit is being conducted in AAU, Conquest Hospital following the same compliance (1193).	Full assurance

Identified risks or concerns

No recorded evidence as to why the form isn't being completed appropriately. Another cycle is underway, results will indicate if there have been any improvement made.

Recommendations

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) incorporating Decisions about Cardiopulmonary Resuscitation (CPR) - Policy and Procedure (September 2018).

Our trusts policy is now overdue for review and this should be undertaken as soon as possible.

Local Clinical Audit Reports in 2023/24

Local clinical audits are undertaken by teams and specialities in response to issues at a local level. They are generally related to a service, patient pathway, procedure or operation, or equipment.

The reports of 75 local clinical audits were reviewed by the Trust in 2023/24. The Trust scrutinises each set of results to benchmark the quality of care provided, identify successes for celebration and / or identify any risks for mitigation. Recommendations for local improvement and change are considered and tracked via a central clinical audit action plan.

Three of these locally completed clinical audits are detailed below with the associated actions that the Trust intends to take (if required) to improve the quality of healthcare provided.

Compliance of Venous Thromboembolic Prophylaxis (VTE) assessment and prescription in Elderly patients

Rationale

Primary prophylaxis with an effective and safe intervention appears to be the best approach to venous thromboembolism (VTE) management in elderly medical patients, the most affected by VTE. With the increasing life expectancy, prevention of VTE, particularly in elderly patients, will become a significant public health problem. We have observed that compliance with VTE assessment has markedly improved after the ePMA system's introduction.

This audit will check compliance with standard pre - and post ePMA introduction.

The Acute Medical Unit (AMU) uses a paper-based system, we will therefore compare these results with patients in the elderly care department using the ePMA system to look at efficiency and compliance by comparing the two results.

The Acute Assessment Unit (AAU) is where medical patients are first assessed and treated when coming into Conquest hospital. It uses a paper-based system to prescribe medication, making it the most appropriate area of the hospital to conduct this study.

In terms of intervention, we are planning to do the following to improve the quality of care:

- Implementing the ePMA system in AAU to increase VTE assessment and prescription.
- Educating doctors on correct VTE dosage, based on Creatinine Clearance.
- Making sure correct thromboprophylaxis is prescribed correctly based on the VTE assessment

Clinical Standard	Expectations	Results
100% of adults who are admitted should be evaluated for VTE prophylaxis	None	<p>40 admissions in the AMU were reviewed with the following findings:</p> <ul style="list-style-type: none">• 60% of the patients had VTE assessment.• 40% of patients were not evaluated for VTE assessment.• 100% of the patients who needed VTE prophylaxis had this prescribed. <p>40 patients in the elderly care ward were reviewed with the following findings:</p> <ul style="list-style-type: none">• 72.5% of the patients had VTE assessments.• 27.5% of the patients were not evaluated for VTE assessment.• Out of all the patients who received VTE assessment, mechanical or chemical prophylaxis was prescribed to 100% of the patients who needed VTE prophylaxis.

Good practice identified:

All the patients who had the evaluation for VTE received either mechanical or chemical VTE prophylaxis.

Identified risks or concerns:

- VTE assessment is missed during clerking of the patients due to the dynamic nature of the AMU.
- Even though assessed, VTE prescription might not happen correctly.
- A significant number of patients do not get VTE prophylaxis prescribed.
- More could be done to explain the reasoning for withholding VTE prophylaxis. It is often not clearly explained in the patient plan or the prescription chart.

Conclusions

This audit has shown that although general compliance for VTE risk assessment and prophylaxis is poor across the Trust at present, there has been a significant improvement in compliance evidenced in the ePMA system compared to the paper-based system.

The most common barriers to compliance include lack of time, lack of reminders, lack of knowledge and difficulty to access the correct assessment tools. Despite measures of improvement, compliance amongst doctors to adhere to clinical guidelines for VTE risk assessment and prophylaxis is significantly low. This potentially puts patients at risks and future action plans should aim to increase awareness amongst doctors in the emergency department.

Lessons learnt:

This audit highlights the importance of VTE Risk Assessment and administering appropriate prophylaxis, which is an important learning point especially for junior doctors who are new to the department.

Recommendations:

- Implementing eMPA in the AMU will significantly improve VTE assessment.
- The reason behind suboptimal VTE assessment, even with eMPA should be investigated.
- Until the eMPA is implemented in the AMU, doctors should be encouraged to assess the patients for VTE prophylaxis.
- Regular, verbal reminders to staff of the importance of completing the VTE proformas should be implemented.
- A poster in the AAU and care of elderly department should be put up to highlight the necessity of VTE assessments.

Recommendation	SMART Action Point	Action by deadline	Comments / action status
Implementing ePMA will significantly improve VTE assessment.	Highlight the findings of this audit within the Acute and Frailty CG meetings and Medicine Governance meeting. Review how the ePMA can be implemented in the AMU	31 March 2023	Complete and discussed.
The reason behind suboptimal VTE assessment, even with ePMA, should be investigated.	Share the findings with the AMU and Frailty depts in their Grand rounds for discussion	31 March 2023	Complete and discussed.
Until the ePMA is implemented in AMU, doctors should be encouraged to assess the patients for VTE prophylaxis due to the significantly low number of VTE assessments done in the acute setting.	Share the findings with the AMU and Frailty depts in their Grand rounds for discussion	31 March 2023	Complete and discussed.
A poster should be in place in AAU and care of Elderly department to highlight the necessity of doing a VTE assessment and what considerations need to be made to ensure a safe prescription of thromboprophylaxis medication. This has proven to be effective in this QIP.	Create and display posters in the wards to remind staff	31 March 2023	Complete
We would recommend regular verbal reminders to the new and existing staff of the importance of completing the VTE proformas.	Highlight to ward staff to complete assessment of VTE for the ward patients. Liaise with Clinical Leads to ensure this is maintained.	31 March 2023	Confirmed completion, just after the audit was completed a discussion was held with the nurses and junior doctors.
Improving assessments in patients on ePMA system in the Trust	Reminder to doctors to complete VTE assessments and complete using ePMA system for all patients in care of the elderly. Liaise with Clinical Leads to ensure this is maintained.	31 March 2023	Complete Discussed and reminders set on ePMA
Reaudit to assess improvement once recommendations completed.	Reaudit	March 2025	

Analgesia management in surgical patients with rib fractures 1275

Rationale:

Rib fractures are a common reason for admission under General Surgery and can lead to significant morbidity and mortality. The effective management of pain plays an important role in the comprehensive care of patients afflicted with rib fractures and is important for preventing complications such as atelectasis and lower respiratory tract infections (LRTIs). In addition to this, effective pain management improves patient comfort and wellbeing, enhances rehabilitation by allowing earlier mobilisation, and improves patient satisfaction overall. Presently, the approach to analgesia management for these patients lacks standardized protocols, resulting in substantial heterogeneity across cases.

This audit was undertaken to understand current practices in analgesia management for patients admitted under General Surgery with rib fractures. Additionally, this audit seeks to discover areas of improvement in rib fracture analgesia practises.

Aims & Objectives:

The first aim of this audit aim is to compare analgesia prescription in rib fracture patients admitted under general surgery, with guidance set out by BJA (British Journal of Anaesthesia) Education and BMJ best practice. We also aimed to gain information on all methods of pain relief utilised for these patients during their inpatient stay.

The second aim was to find areas for improvement in analgesia prescription for these patients, to allow for targeted changes that would result in improved pain management overall.

Results:

A total of 34 patients were admitted under General Surgery with rib fractures between January and April 2023. Drug charts were available for 32 patients. The average patient in the dataset was 78 years old, sustained between 3-4 rib fractures, and had an average length of stay of 6.9 days.

Mild to moderate analgesics

100% of patients were prescribed regular paracetamol and received more than one mode of analgesia overall. Regular Non-steroidal anti-inflammatory drugs (NSAIDs) are suggested for use in patients without contraindication. Within our dataset 41% of patients were contraindicated for NSAID use, most commonly due to renal function, peptic ulcer disease, or concurrent use of Aspirin. However, of the eligible patients, only 32% (n=6) were prescribed a regular NSAID. Reluctance for NSAID use may be due to the advanced average age of the dataset, which was 78 years old.

Regular mild opioids (such as codeine or tramadol) were prescribed in only 16% of patients (n=5). On average, these were prescribed 1.8 days into the admission.

Topical analgesics

Lidocaine patches were prescribed for the majority of patients (81%), despite being absent from BMJ best practice guidelines, and being shown to be poorly effective in managing pain from multiple rib fractures. At least 50% of prescribed lidocaine patches were discontinued following review by the pain team .

Strong analgesics

100% of patients were prescribed a strong opioid for use as required, and this was prescribed from the 1st day of the admission for 94% of patients. Regular opioids were prescribed for 38% of rib fracture patients and commenced on the 3rd day of admission on average. 2 patients went on to receive a PCA while 8 patients required regional anaesthesia (blocks).

Clinical Standard	Exceptions	Result
All rib fracture patients should be started on oral analgesics such as paracetamol or an NSAID	Allergy	32/32 (100%)
All rib fracture patients should be prescribed: Regular paracetamol	Allergy	32/32 (100%)
All rib fracture patients should be prescribed: an NSAID if not contraindicated	NSAIDs contraindicated in patient / allergy	6/19 (31.5%)
All rib fracture patients should be prescribed: a weak opioid analgesic	Allergy	5/32 (15.6%)
All rib fracture patients should be prescribed: Strong opioid for breakthrough pain	Allergy	32/32 (100%)

Good Practice Identified:

All patients have regular paracetamol prescribed, as well as a strong opioid analgesic as required for breakthrough pain.

Identified Risks or Concerns:

Underutilisation of regular mild opioids such as codeine, which provide simple and effective analgesia prior to strong opioid use.

Underutilisation of NSAIDs, although the reluctance to prescribe NSAIDs may be explained by the advanced average age of the cohort.

Recommendations:

1. Create a poster guide for initial analgesia for rib fracture patients based on new trust guidelines, to be used by admitting doctors
2. Stickers with rib scores and reminders for Chest physio and Pain team referral in patient notes

Lessons learnt from this audit

- Overall, there is a good multimodal approach to rib fracture management in patients admitted under general surgery. Areas for improvement include encouraging use of regular weak opioids in analgesia regimens.
- The usage NSAID is quite low, even in those without contraindication. However, limited use may be due to the older average age of admitted patients.
- Lidocaine patches are very commonly prescribed despite lack of strong evidence for effectiveness and are often discontinued following pain team review.
- Presentation of these findings and new Trust guidelines for rib fracture management to the General Surgery team would be beneficial.

Recommendation	SMART Action Point	Action by deadline
Poster and sticker	Create a poster guide for initial analgesia for rib fracture patients based on new trust guidelines, to be used by admitting doctors. Stickers with rib scores and reminders for Chest physio and Pain team referral in patient notes	Nov 2023

Diagnostic Hearing Assessment Accuracy in Neonates and Young Children (<6 months of age)

Rationale:

The British Society of Audiology (BSA) guidelines provide clinicians who undertake diagnostic hearing assessments of babies and young children with the necessary guidance and protocols to ensure uniform testing and interpretation of results.

Due to the specialised nature of the testing, a peer review process is recommended to ensure these standards and protocols are adhered to and that the correct patient management is given. Suitably trained/experienced Audiologists at our trust, Sussex Community NHS Foundation Trust and University Hospitals Sussex NHS Foundation Trust have formed a peer review group so that all cases are externally reviewed, and feedback provided to clinicians.

This audit was undertaken to understand current practices in analgesia management for patients admitted under General Surgery with rib fractures. Additionally, this audit seeks to discover areas of improvement in rib fracture analgesia practises.

Aims & Objectives:

This audit aimed to provide confidence that the diagnostic hearing assessments of neonates and young babies (<6 months of age) provided by the Paediatric Audiology department met the national standards and protocols set by the BSA and the Newborn Hearing Screening Programme (NHSP).

A previous audit (5241) showed 98% of cases were sent for peer review. All results sent for review received feedback, though one set did not receive external feedback. All cases were agreed to be within +/-10dB of the reported results which is in line with national standards. In only one case, alternative patient management was considered, though this was based on a difference in the local management of babies with middle ear fluid.

Results:

All sets of results requiring peer review were sent and received feedback from at least one external reviewer.

100% of ABR results were agreed to be within 10dB of the original reported results.

In two cases, alternative management was considered, though patient care was not at compromise in either case.

Case 1: Whilst the child had met the NHSP discharge criteria of <30dBeHL in both ears and there was no indication of middle ear fluid, as the left ear had a small wave V amplitude which was likely at threshold and the ABR test has the potential to underestimate behavioural hearing thresholds, the decision to arrange a precautionary review of the child's hearing behaviourally at 9 months of age was made. One external reviewer would have discharged this patient as the NHSP criteria had been met.

Case 2: Baby was found to have moderate conductive hearing loss bilaterally thought likely due to some middle ear fluid. The clinician had opted to review again at 9 months of age which had historically been standard practice, however locally we had started to move away from this and instead review again 8-12 weeks later as in many cases, resolution in middle ear function and hearing could be expected within that timeframe. Internal feedback was given as such.

Clinical Standard	Exceptions	Result
100% of neonates and young babies referred for diagnostic hearing assessment will have ABR test results within +/-10dB than those originally recorded.	None	100%
100% of neonates and young babies referred for diagnostic hearing assessment will have test results sent for peer review	None	100%
100% of neonates and young babies referred for diagnostic hearing assessment will have documented peer review feedback, including feedback from at least 1 external site.	None	100%
100% of neonates and young babies referred for diagnostic hearing assessment will have agreeable patient diagnosis.	None	100%
100% of neonates and young babies referred for diagnostic hearing assessment will have agreeable patient management.	None	96.5%

Good Practice Identified:

There is embedded good practice of sending results for peer review. The trust audiologists who partake in the assessment of neonates and young babies are adhering to national standards and protocols, achieving good quality test results, making correct diagnosis and patient management.

Identified risks or concerns:

No risks or concerns identified.

Recommendations:

Although this audit highlighted no areas of concern and the continuation of working in line with nation and local protocols, to ensure high standards remain, re-audit will continue on a timely basis.

Lessons learnt from this audit

Completing this audit highlights consistent good levels of practice and compliance.

Recommendation	SMART Action Point	Action by deadline	Comments / action status
Share audit with staff who partake in the testing of neonates and young babies.	Share findings via email with relevant team for learning.	Nov 23	Complete
Share audit with paediatric team via email.	Share findings via email with relevant team for learning.	Nov 23	Complete
Re-audit	Re-audit annually	Sept 24	

Participation Clinical Research

The Trust acts as a participating site for national and international research studies, recruiting patients to take part in novel treatments. All research in the NHS is approved centrally by the Health Research Authority. We deliver research recruitment to approximately 45 National Institute of Health Research (NIHR) portfolio academic and commercial studies. Since April 2023 research has become a Trust priority and the team has worked to ensure a wide portfolio of academic and commercial trials are available for our patient population to access as per table 1.



Project Short Title	Disease Area	Project Site Date Open to Recruitment	Planned Project Close Date	Principal Investigator
Add-Aspirin	Cancer	25/04/2016	01/04/2026	Dr A Soultati
ADDRESS 2 Type 1 diabetes	Diabetes	08/04/2013	31/07/2023	Dr Dashora
ADDAPT		15/05/2023	20/02/2024	Dr S Fong
AFTER – Ankle Fracture Treatment: Enhancing Rehabilitation trial	T&O	09/02/2023	14/06/2024	Mr B Rose
BADBIR previously recruited - re-opened 30.11.2023	Dermatology	27/07/2023	31/06/2026	Dr Alwash
Catheter ablation in symptomatic atrial fibrillation: a double blind randomised controlled trial SHAM AF	Cardiovascular	17/01/2020	31/12/2023	Dr Veasey
Clinical Characterisation Protocol for Severe Emerging Infection	Critical Care	12/03/2020	28/07/2027	SLEEPING
EPIC UKCLL	Cancer	20/04/2023	01/03/2026	T. Tsawayo
Enhanced Midwifery Continuity of Care (MCoc) - Case Study Site	Obstetrics	14/11/2023	31/05/2024	N/A
EXTEND (ABX Surgery)	Surgery	18/10/2022	30/06/2025	Mr El Dhuwaib/ Dr Mikail...
Foundation UK Follicular Lymphoma- observational	Cancer	26/07/2023	31/03/2025	T. Tsawayo
FOCUS 2 Fear of Pregnancy	Obstetrics	10/11/2023	01/05/2024	Dr S Lee
Fluids Exclusively Enteral from Day 1 (FEED1)	Obstetrics	24/08/2021	NK	Dr Kandasamy
Genetic and cellular analysis of malignant haematological samples	Cancer	04/08/2022	01/03/2037	Dr J Jones
GenOMICC	Critical Care	15/05/2020	28/02/2030	Dr Highgate
IMD BIO Resource	Rheumatology	02/03/2018	NK	Dr S Panthakalam
Improving pts Experience in Bowel Ca	Cancer	23/08/2023	31/07/2024	Dr I Masoodi
MIDI (MR Imaging abnormality Deep learning Identification)	Neurological	13/08/2021	31/03/2025	Dr D Sallomi
Minder CPMS 40872 Dementia	Dementia	16/01/2024	01/08/2025	Jo-Anne Taylor
MND Motor Neurone Disease Registry	Neurological	07/09/2023	20/11/2025	Simon Wilson
MYDRESS	Podiatry	27/06/2023	06/09/2024	Mika Dave
MyMelanoma Study	Dermatology	08/08/2023	31/08/2027	Nick Donald lead Derm CNS
Myeloma XIV (FITNESS)	Cancer	16/03/2022	14/02/2024	Dr N Sargent
OBS UK	Obstetrics	09/01/2024	31/07/2026	Dr Seema Pai
ONLINE PAWS B	Paediatrics	24/04/2023	31/12/2024	Dr G Gopalakrishnan
ORION-4	Cardiovascular	01/12/2018	31/07/2026	Dr Dickinson
PARTIAL Nephrectomy	Cancer	07/09/2023	31/12/2024	Mr K Spireti
POPPY	Critical Care	13/11/2023	09/02/2024	Dr J Highgate
PQUIP	Anaesthesia, Perioperative Medicine and Pain Management	25/02/2019	31/10/2023	Dr Bahool
PRIME 3 Ageing	Frailty	22/08/2023	30/04/2024	Dr H Alexander
RADAR	Cancer	04/12/2023	30/05/2024	Dr J Jones
RECOVERY- COVID	Respiratory	0/04/2020	SLEEPING	Dr O Kankam
REDUCE Carbon Inhalers	Respiratory	23/11/2023	04/01/2025	Dr James Wilkinson
Self-management in patients with adrenal insufficiency PIC	Diabetes	16/11/2023	30/03/2024	Dr David Till
SPIROMAC Asthma in Children	Paediatrics	23/10/2023	31/07/2025	Dr O Anton
Statins for Improving Organ Outcome in Transplantation (SIGNET)	Critical Care	01/02/2022	31/03/2026	Dr Bahool
Targeting Immune Pathways	Gastroenterology	11/04/2019	31/12/2025	J. Tidbury
TERN ACS	Cardiovascular	16/03/2023	23/04/2023	J. Sinclair
The impact of psychological stress on cancer burden and recurrence in ovarian cancer	Cancer	10/03/2023	10/03/2025	Dr K Lankester
Trimaximize	Respiratory	11/04/2022	30/06/2024	Dr Kankam
UK Childhood ITP Registry	Cancer	NK	01/03/2024	Dr G Gopalakrishnan
UK MS Register	Neurology	01/04/2019	31/07/2027	J. Sinclair
WHITE 11- FRUIT	Musculoskeletal	05/11/2021	30/04/2029	Mr O. Keast-Butler
WHITE 12 - DUALITY	Musculoskeletal	02/12/2022	30/07/2024	Mr C. Buckell
ZODIAC ACS Cardiology Closed - recruited to target	Cardiovascular	26/04/2023	30/09/2024	Dr C Elorz

The number of patients receiving relevant health services provided or sub-contracted by the trust in 2023/24 that were recruited to participate in clinical trials approved by a research ethics committee was 1613 participants.

Commissioning for Quality and Innovation (CQUIN)

The Trust agreed 5 CQUINs with Sussex ICS for 2023/2024.

Where available, the table below shows performance for the year:

Ref	Scheme	Target	Detail	Reporting	Service	Quarter 1	Quarter 2	Quarter 3	Quarter 4
CQUIN 1	Flu vaccinations for frontline healthcare workers	80%	80% uptake of flu vaccinations by frontline staff with patient contact or all staff offered vaccination	Monthly Sept - March	Occupational Health	N/A	N/A	100%	N/A
CQUIN 2	Supporting patients to Drink, Eat and mobilise (DrEaM) after surgery	80%	Ensuring surgical inpatients are supported to drink, eat and mobilise within 24 hrs of surgery	Quarterly	DAS	94.94%	93.64%	84.9%	90.1%
CQUIN 4	Compliance with timed diagnostic pathways for cancer services	55%	55% of referrals for suspected prostate, colorectal, lung and oesophago-gastric cancer are meeting timed pathway milestones	Quarterly	Cancer	54.2%	54.6%	73%	62%
CQUIN 7	Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions	30%	30% of all unplanned critical care unit admissions from non-critical care wards having a NEWS2 score, escalation and response recorded.	Quarterly	ITU	71.42%	65.9%	82.6%	82.9%
CQUIN 13	Assessment, diagnosis and treatment of lower leg wounds	50%	Achieving 25-50% of patients with lower leg wounds receiving assessment, diagnosis and treatment in line with NICE guidance	Quarterly		43.8%	30.9%	66.7%	47.5%

Statements from the Care Quality Commission

The trust is registered with the Care Quality Commission (CQC) to carry out eight legally regulated activities from 17 registered locations with no conditions attached to the registration. No new locations were added in 2023/24.

In October 2022 our Maternity Services were formally inspected as part of the CQC's national maternity inspection programme. The report was published in January 2023 and the Trust was assessed as performing strongly on the Well Led domain, however the Safe domain was felt to require improvement. Four 'must do' recommendations were identified for the maternity services at the Conquest Hospital and two for the services at Eastbourne. An action plan has been developed and all actions are progressing positively.

The CQC continues to monitor and review information from all available sources and then have a conversation with us either online or by phone to discuss any issues identified. We have quarterly engagement meetings with them to discuss any current issues that may be impacting on the delivery and quality of our services.

During 2023-24 the CQC found no breaches that justified regulatory action, no requirement notices were issued, and no enforcement actions were taken. However, in February 2023 the trust received a fixed penalty notice for Failure to comply with Regulation 12(1) and 22(2)(b) Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 following a previously reported serious incident. The Trust was fined £4,000.

Data Quality

Good quality information ensures effective delivery of patient care and is essential for quality improvements to be made.

During 2024/245 we will support improvement in data quality by:

- Working collaboratively with divisions to identify areas for data quality improvement and determine actions to overcome long term data issues. Focus is on data capture via Improvement of clinical outcome forms for counting and coding.
- Patient Administration System (PAS) training continues to be reviewed to ensure new processes are captured. Refresher training will be moved to MyLearn to increase compliance and access for staff to refresh yearly on PAS. Nervecentre training is now being delivered as part of roll out of Digital improvement across wards.
- Continuing to validate correct attribution on the PAS of GP Practice through the national register (SPINE)
- Continuing to undertake regular audit of completeness of patients' NHS Numbers to ensure continued progress.
- A baseline measure of the Trust's ability to report against all protected characteristics has been conducted. Work has commenced to develop an improvement to focus on improved capture of three of those metrics over the next year on systems that can capture this information.
- Focus over the next two years will be on Electronic Patient Record (EPR) procurement and embedding data quality into the design and delivery of a new EPR. Within three years this will enable improvement in electronic data capture and health inequalities reporting.

NHS Number and General Medical Practice Code Validity

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.9% for admitted patient care
- 100% for outpatient care
- 99.3% for accident and emergency care

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for outpatient care
- 100% for accident and emergency care

Data Security & Protection Toolkit attainment levels

The Data Security and Protection Toolkit (DSPT) is an online performance tool developed by NHS Digital to support organisations to measure their performance against the National Data Guardian's data security standards. The CQC uses the results to triangulate their findings.

All health and social organisations, including the trust, are mandated to carry out self- assessments of their compliance against the DSPT assertions. The Trust is required to evidence 34 assertions over the following ten standards:

1. Personal confidential data
2. Staff responsibilities
3. Training
4. Managing data access
5. Process reviews
6. Responding to incidents
7. Continuity planning
8. Unsupported systems
9. IT protection
10. Accountable suppliers

The trust DSPT assessment score for 2022/23 was submitted with all standards graded as met. This is a self-assessment but is reviewed by our internal auditors to provide assurance of accuracy to the Trust. The Trust's auditors report gives a 'high' confidence level that the Trust's submission is robust for 2022/23. The deadline for the DSPT submission covering the 2023/24 period is due at the end of June 2024 and therefore has not yet been made. The trust are therefore still covered by the 2022/23 toolkit whilst continuing to work on the 2023/24 submission.

Clinical Coding Error Rate

The trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the accuracy rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) was 95.53%.

Clinical Coding is the translation of medical terminology written in the patient's notes by healthcare professionals, to describe a patient's presenting complaint or problem, diagnosis and treatment into a coded format which is nationally and internationally recognised.

To ensure accuracy of clinical coding several internal audits are undertaken in addition to an external DSPT Audit conducted by a Clinical Classifications Service Registered Auditors.

Results of the DSPT Audit

We achieved mandatory level in primary diagnosis and the advisory level in the rest of the fields (secondary diagnosis, primary procedure fields and in secondary procedure fields). Advisory level is the maximum an organisation can achieve. Attainment levels are summarised in the table below.

Levels of attainment – percentage accuracy targets for Acute Trust

Levels of attainment – percentage accuracy target areas	Mandatory	Advisory
Primary diagnosis	≥ 90%	≥ 95%
Secondary diagnosis	≥ 80%	≥ 90%
Primary procedure	≥ 90%	≥ 95%
Secondary procedure	≥ 80%	≥ 90%

Overall Audit Results Summary – August 20 (200 FCE's)

Primary Diagnosis Correct	Secondary Diagnosis Correct	Primary Procedure Correct	Secondary Procedure Correct	Unsafe to Audit
93.50%	91.00 %	98.30%	97.10%	0

East Sussex Healthcare NHS Trust achieved an overall accuracy percentage of 95.53% highlighting 4.47% error rate.

In conclusion, the general standard of Clinical Coding was noted as very good with national standards for clinical coding being followed well.

- Relevant and mandatory secondary diagnoses and secondary procedures were omitted due to paying less attention and time pressures during data extraction.
- Some of the errors were due to inconsistencies in documentation and scanned record not available at the time of coding.
- Clinician awareness in coding terms and in recording co-morbidities is limited.

We will be taking the following actions to improve data quality:

- Management will immediately feedback the audit findings and refresh coders on the National Coding Standards where the standards have not been followed.
- Encourage coders to pay more attention during the data extraction stage.
- Increase engagement and awareness with clinicians across all specialities.
- Liaise with management to improve the availability of scanned record in time for coding

Learning from Deaths

Since 2017/18, there has been a national drive to improve the processes Trusts have in place for identifying, investigating and learning from inpatient deaths.

Most deaths are unavoidable and would be considered to be 'expected'. However, there will be cases where sub-optimal care in hospital may have contributed to the death or have occurred but has not contributed to or led to death. The Trust is keen to take every opportunity to learn lessons to improve the quality of care for our patients and families and is committed to fully implementing the national guidance on learning from deaths.

The Trust policy for the review of deaths ensures there is a robust process for identifying, reviewing, and learning from deaths, and outlines the roles and responsibilities of staff involved in that process.

Number of patients who died

Between January 2023 and December 2023 2,068 patients died. The table below summarises the number of deaths which occurred in each quarter of that reporting period:

Number of deaths per quarter (January 2022 to December 2022)

Reporting period	Number of deaths
Q4 2022/23: January 2023 to March 2023	557
Q1 2022/23: April 2023 to June 2023	465
Q2 2022/23: July 2023 to September 2023	417
Q3 2022/23: October 2023 to December 2023	629
Total: January 2023 to December 2023	2032

Number of case record reviews or investigations

By 20/04/2024, 2,031 case record reviews and 85 investigations had been carried out in relation to the 2,068 deaths. In 85 cases, a death was subject to both a case record review and an investigation.

Number of case record reviews or investigations per quarter (January 2022 to December 2022)

Reporting period	Number of case record reviews or investigations
Q4 2021/22: January 2023 to March 2023	548
Q1 2022/23: April 2023 to June 2023	465
Q2 2022/23: July 2023 to September 2023	412
Q3 2022/23: October 2023 to December 2023	552

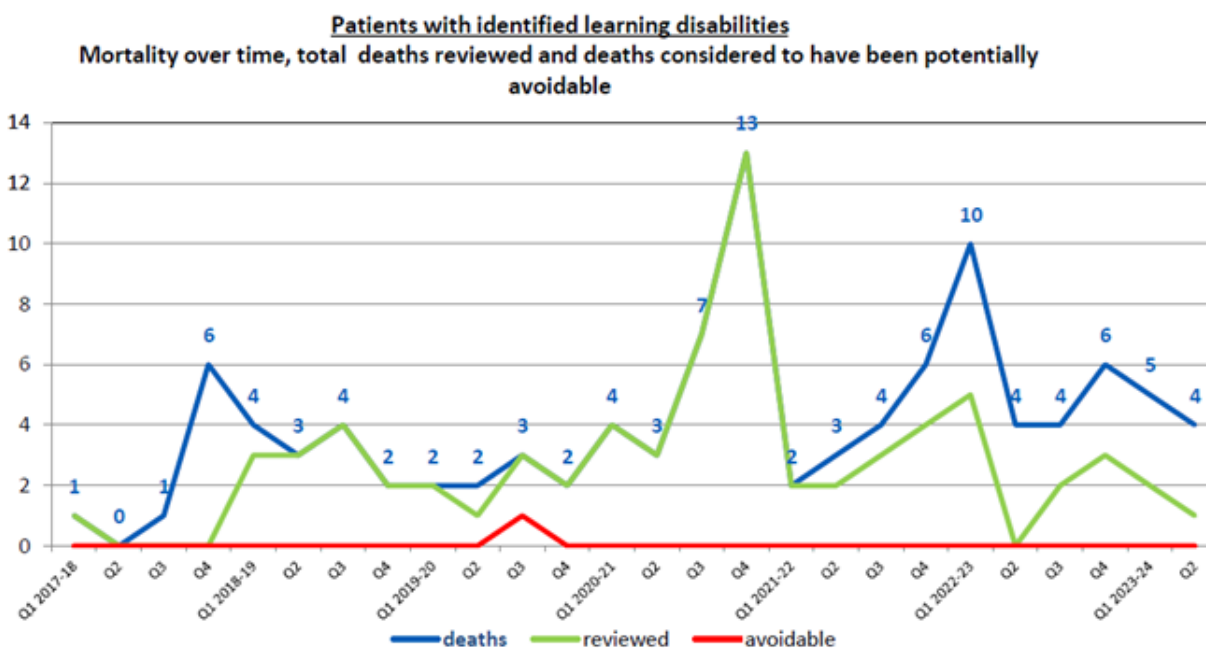
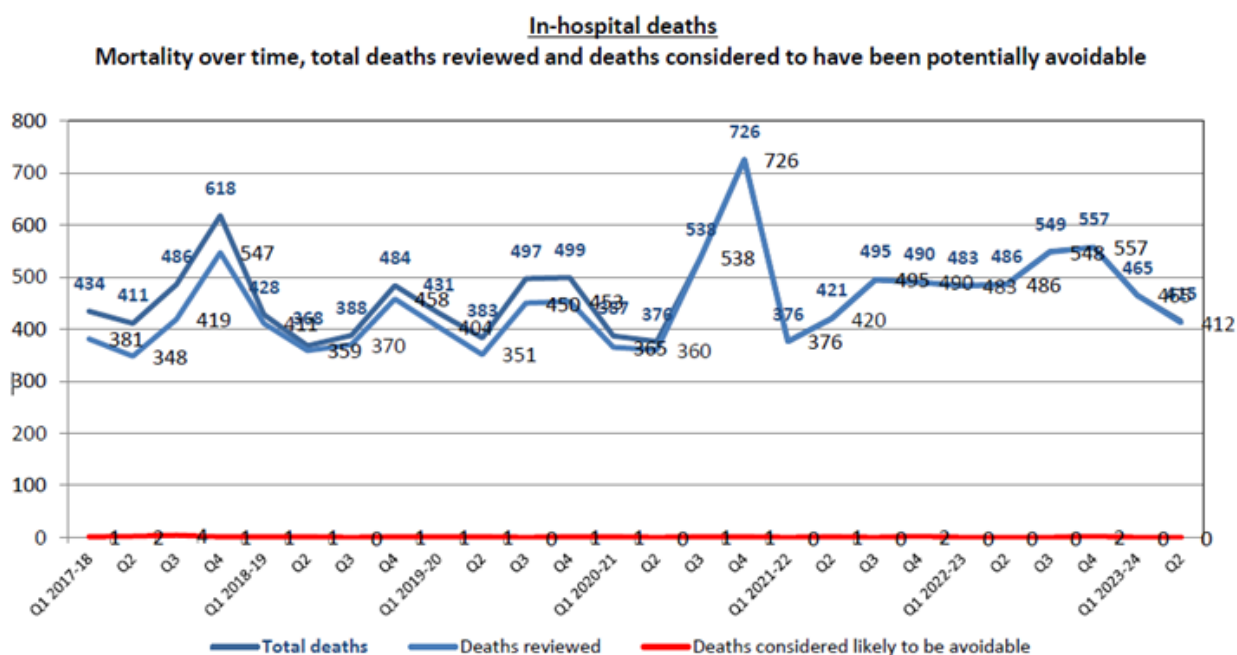
Two deaths, representing 0.098% of the patient deaths between January 2022 and December 2022, were judged to be more likely than not to have been due to problems in the care provided to the patient.

Estimated deaths per quarter considered likely to have been avoidable (January 2022 to December 2022)

Reporting period	Number of patient deaths considered likely to be avoidable	Percentage of the patient deaths considered likely to be avoidable
Q4 2021/22: January 2023 to March 2023	0	0%
Q1 2022/23: April 2023 to June 2023	2 / 557	0.35%
Q2 2022/23: July 2023 to September 2023	0 / 465	0%
Q3 2022/23: October 2022 to December 2023	1*	0%

*The Quarterly Mortality Review Audit for this period has not yet taken place, so this result may change.

These numbers have been estimated using the Royal College of Physicians National Structured Judgement Review methodology in conjunction with internal Serious Incident investigations, Amber Investigations, Complaints, Inquests and Quarterly Mortality Review Audits.



A summary of what the trust has learnt from case record reviews and investigations conducted in relation to the deaths identified:

Of the 3 cases identified (2 in Q1 and 1 in Q3) all of which were graded 3 ("probably avoidable: more than 50:50 likelihood of avoidability") all were reviewed at the Trust quarterly review meeting. None of the patients had learning disability. There were no cases graded 1 or 2. The learning was as below:

1. In a patient with multiple organ co-morbidities and acute sepsis, there were delays in the recognition of the severity of a patient's condition and uncertainty about ceiling of care in a patient that was unlikely to survive resuscitation. Prompt response to changes in a patient's condition and good communication between admitting and ITU teams would have led to a clearer management plan. The importance of consultant-to-consultant communication, where there is uncertainty or disagreement about the best treatment approach was underlined. It is important that, if a care grading is changed, the specialty re-visits the care and the learning from it.
2. Lengthy admission with hospital-acquired pneumonia and subsequent Covid
3. More complicated surgery was performed on a patient than may have been needed.

A description of the actions which the trust has taken in the reporting period, and proposes to take moving forward in consequence of what has been learnt during the reporting period:

- Extensive work throughout 2023, extending through 2024, on improving communication between departments involved in a patient's hospital journey, improving discharge and transfer communication, and shortening length of stay and promoting safe earlier discharge.
- Strengthening the virtual ward provision enabling patients to continue treatment safely at home following discharge or avoid admission.
- Further refining infection control measures.
- Increasing the number of patients with ReSPECT documentation and the amount and quality of information in ReSPECT forms.

An assessment of the impact of the above actions described which were taken by the provider during the reporting period.

Improving patient flow and communication, with reducing length of stay and utilisation of out-of-hospital pathways, reduces the number of patients in additional clinical areas, improving the quality of their care and reducing risks of cross infection (e.g. Covid)

Rota Gaps

As an organisation that employs and hosts NHS trainee doctors, the Trust has in place two Guardians of Safe Working Hours (GOSWH) to champion safe working hours for junior doctors. Our GOSWHs are based on each of our acute hospital sites, one at Conquest Hospital and one at the EDGH. The roles are independent from the Trust management structure and are supported by the British Medical Association (BMA) to:

- Act as champions for safe working hours for Doctors in Training
- Support exception reporting, monitoring, and resolving rota gaps.
- Oversee compliance with the safeguards set out under the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016

The aim of the GOSWH role is to provide assurance to doctors and employers that doctors are able to work within safe working hours. The GOSWH is there to champion and improve working lives for junior doctors to deliver this.

Where the system fails a set process allows early reporting (exception reporting) to occur which is aimed at giving doctors the confidence that improvements will be made. The GOSWHs provide quarterly and annual reports to the People and Organisational Development (POD) Committee and are also involved in the meetings in the table below.

Meetings attended by the GOSWH.

Group	Frequency
People and Organisation Development (POD) Group	Quarterly
Trust Local Faculty Group (LFG)	Every 4 months for each department
Oversight Group Meeting	Every 4 months (no longer happening)
Junior Doctors Forum	Quarterly
Junior Doctors Inductions	Three times a year
CEO Junior Doctors Forum	Every 4 months
Local Negotiating Committee	Monthly
GOSWH team meeting	Fortnightly

Each year the Trust is given an allocation of junior doctors from the Deanery; the doctors are then allocated to the clinical divisions within the Trust. If the Trust has not been allocated sufficient doctors to fill a rotation, rota gaps are escalated to the division's clinical leads and service managers are made aware if a gap affects their service. The division approaches any current doctors who have expressed an interest to stay on at the Trust at the end of their rotation to help with filling rota gaps. Subsequently if there are still gaps in the rotation the vacant posts will be advertised or filled using locum or bank staff.

Staff to undertake two recently approved NHS roles (Doctor's Assistant and Physician Associate) have been appointed to and are now helping to cover ward areas and support the medical trainees.

Staff who speak up

The role of Freedom to Speak Up Guardians and the National Guardian for the NHS were established in 2016 following recommendations from Sir Robert Francis' Freedom to Speak Up Inquiry. Guardians support workers to speak up when they feel that they are unable to do so by other routes. They ensure that people who speak up are thanked, the issues they raise are responded to and that the person speaking up receives feedback on the actions taken. There is now a network of over 1,000 Freedom to Speak Up Guardians and over 100,000 cases have been reported to them since their establishment. Dominique Holliman and Ruth Agg are both employed as Guardians in the trust and abide by the guidance issued by the National Guardian's office.

It is essential to have a culture in which workers feel safe to speak up about anything that gets in the way of delivering safe, high-quality care. Embracing freedom to speak up by listening to and acting on the suggestions and concerns of workers is critical for learning and improvement.

Freedom to speak up Guardians undertake both reactive and proactive work to ensure that all colleagues, including students, temporary workforce and volunteers feel able to raise concerns and/or to make suggestions for improvement. Dominique and Ruth endeavour to ensure that the reach extends to minority groups and those that may face barriers to speaking up. Key progress has been made in increasing Guardian visibility, facilitating training, delivering bespoke speak up awareness and update sessions and supporting line managers to feel confident to receive concerns and to promote psychological safety. Guardians also work closely with key groups and networks to share anonymised intelligence and to scrutinise data and trends to inform proactive pieces of work and collaboration.

The Guardians are part of the south-east regional network and regularly meet with Guardian colleagues to share best practice and ensure that all reporting requirements to the National Office are being met. Progress and anonymised data is shared at the People and Organisational Development Committee every quarter and the Guardians report in person to the Trust Board every 6 months.

247 speak up concerns were brought to the trust Guardians between April 2023 and March 2024 with registered nursing and midwifery staff reporting the most concerns in each quarter. Key themes and reasons for speaking up are in line with national data submitted to the National Guardian Office from across the country.

Data sets from this year's staff survey show that our results were closely aligned with sector comparisons and 60.1% of trust substantive staff reported that they feel safe to speak up. This is a pleasing increase from the 58.5% reported in 2022. 47.3% reported confidence in their concern being addressed – a 2.4.% increase on last year. 92% of temporary workforce staff reported feeling secure to raise concerns about unsafe clinical practice.

Upon closure of a case, individuals are invited to submit anonymous feedback regarding their experience of using the Speak Up Guardian at the trust. Over the last year, 100% reported receiving a timely response from the Guardian, 97% felt supported by the Guardian and 97% of respondents stated that they would recommend the Speak Up Guardian and would use the service again.

Speak Up Issues by category and Quarter for 2023/24

Category	Q1	Q2	Q3	Q4	Category Totals
Behavioural / Relationship	1	0	0	0	1
Bullying / Harassment	1	7	2	4	14
Cultural	3	0	0	1	4
Discrimination Disability	1	0	0	2	3
Discrimination Racial	2	0	0	6	8
Discrimination Sexual	0	0	2	0	2
Leadership	0	2	0	3	5
Not Known	0	0	2	6	8
Other Inappropriate Attitudes or Behaviours	15	17	13	30	75
Patient Safety / Quality	7	6	6	11	30
Reprisal	1	0	0	1	2
Senior Management Issue	0	2	0	0	2
Staff Safety	0	1	0	0	1
System / Process	22	26	16	12	76
Violence and Aggression	0	1	1	1	3
Worker Safety or Wellbeing	3	7	3	0	13
Quarter Totals	56	69	45	77	247

Wellbeing of our People

Psychological wellbeing & safety

Dovetailed within a wider retention programme, several workstreams focusing on the psychological wellbeing & safety of our people have progressed throughout the past year.

Introduction of a new approach to the way in which teams report and assess work related stress has started with monthly sessions supporting managers on how best to facilitate and engage teams, whilst working with them in trying to find ways to mitigate and reduce work stress triggers. To date, 278 departments have completed a team stress questionnaire involving 2113 responses from our people.

TRiM, (Trauma Risk Management), has continued to be embedded within the Trust with 33 TRiM practitioners trained to date, 8 of which completed their training in the past year. Since April 2023 there have been 86 referrals for TRiM, 480 of our people have been offered TRiM, 72 people have had the initial TRiM assessment, 45 of our people have had the 1 month follow up and 5 of our people have had the 3 month follow up. In addition 25 supportive conversations have been held. Qualitative feedback from colleagues accessing TRiM, demonstrates that without this support their psychological wellbeing would have been significantly affected, increasing the risk of them developing PTSD which can lead to longer term challenges and difficulties.

Alongside this we have continued to offer teams and individuals specialist psychological support via our trauma therapists. Although demand from teams has decreased, the need for individual colleagues to access one to one support has increased with 58 colleagues engaging in this service over the past year.

Finally, we have introduced a training programme for Restorative Supervision, working in tandem with our Professional Nurse/Midwifery Advocates, in developing a sustainable, evidence based framework for supervision that is both effective and accessible. This work remains in its pilot stages but early indications show that it is being very well received and contributing to a wider scale culture shift within the organisation. 13 sessions of Restorative Supervision have taken place.

Retention

Over the past year there has been a dedicated focus on the Retention of our People with the development of an annual programme of work, based on priorities emerging from current exit data, engagement with leaders in areas of high turnover and intelligence from FSUGs and the wider HR division. Initially starting with 9 workstreams but quickly increasing to 12, a comprehensive range of elements are included. The trust has seen turnover continually reduce month on month with it currently standing at 9.9% for Feb 2024, the lowest since September 2021.

Priorities for 2024/25 have been drafted, building on existing workstreams but which also align with the trusts People Strategy and the NHS People Promise. The trust was successful in our submission to be part of the second wave of exemplar NHS sites for the People Promise and as a result a People Promise Manager will be recruited to the trust for 12 months to accelerate progress on retention and wellbeing workstreams, aligned with the People Promise, in order to optimise impact.

Wellbeing of our People

We continued to support the physical and emotional wellbeing of colleagues during the year by adapting the range of support that we offer to reflect the impact of ongoing pressures. We focused on the areas our people told us make the biggest difference following listening events.

We have also trained 216 of our people in the Mental Health First Aid qualification and a further 24 are due to be trained during 2024/25. We have increased our offer of Mental Health Aware Training, to date 52 of our people have been trained since this was introduced in 2023 and a further 108 places are available during 2024.

We have continued to support Wellbeing Conversations with colleagues in the trust. To date, 280 managers have attended Wellbeing Conversation training, supporting them to hold Wellbeing Conversations with their team members.

In 2023/24 We have delivered on our wellbeing menu of support, and have devised a Wellbeing Programme for our people for 2024. This programme includes increased support and focus on Mental & Physical Health, Mens health, Menopause, Maternity Support Groups, Self-Care, Understanding Compassion support sessions and External providers onsite promotional events, all of which our people have expressed are important to them following listening events, feedback and visits.

There has been a focus on Menopause support offered, quarterly Menopause Demystified' workshops have been delivered with 75% attendance, and Menopause related absence is now recorded on ESR, enabling us to support and signpost individuals where required.

We have promoted a Take-a-break campaign, Physical Health promotions including ; Couch to 5K, Park Run and Walking Groups and devised a Self-Care Resource page.

In conjunction with One You East Sussex we provided 119 health checks for colleagues aged between 40-74.

Our people have also been supported with their financial wellbeing, we have increased our signposting and offers of support services to all of our people and supported those in financial need. We have continued to work in partnership with WAVE who visited our sites to support our people, and we work with the local foodbank, enabling our wellbeing team to issue vouchers directly to those in need.

We have continued to offer bespoke wellbeing support and provided information and signposting for individuals, teams and managers.

In 2023/24 we visited over 155 teams and provided tailored support, provided 159 bespoke 1:1 calls to support our people, and delivered a variety of support sessions to our teams, of which, included: Self-care, and Understanding Compassion whilst working in collaboration with the chaplains.

Throughout the year we have been involved in events to thank and celebrate the achievements of our people, including working in collaboration with the wider Engagement and Wellbeing Team on the Trust Awards and the Festive Refreshments events in December 2023 where our executive team joined us in distributing refreshments and taking time to talk to and thank all colleagues.

Occupational Health

Within 2023, the Occupational health team have become SEQOHS Accredited, which was a significant piece of work. They received praise from inspectors for the work they had done to ensure that the support they offer is accessible and the concerted move towards more self-serve options. The occupational health team have based the improvement work on learning they had gained from the pandemic, such as electronic contact tracing following exposure to infectious disease enabling people within the organisation to receive OH support 24/7 and not just within opening hours.

Occupational Health have really become focused on how to improve taking the feedback of our service users as starting points for improvement, we measure across 4 core functions of OH;

- Management Referral Triage (5 Stars)
- Case Management, (5 Stars)
- Vaccination Clinic (4.5 Stars)
- Manager Support Feedback (4.5 Stars)

Into 2024, Occupational Health continue to be committed to providing the organisation with ever improving and accessible service. We have demonstrated our committed so far in 2024, with the introduction of new ways of working such as a revised management referral process, which has reduced the average waiting time for an appointment to less than 8 working days and by supporting managers with "OH Manager Bitesize" sessions; two of which have gone ahead with an average of 40 managers attending each session. We will continue to flex to the needs of the organisation whilst we continue to deliver our core and statutory care.

NHS Staff Survey 2023

This year nearly 50% of substantive staff took the time to complete the survey which was a 6% increase on the previous year and just above the national average response rate of 48%.

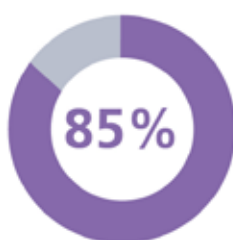
We have seen an improvement in each of the seven People Promise elements and in particular have seen a significant improvement in the 'We are always learning' element. Our colleagues also responded very positively that they feel valued by their teams and both Morale and Staff Engagement have improved slightly since 2022. 25 question level scores have improved significantly and just one has declined around colleagues experiencing discrimination.

Positive messages:



We are compassionate and inclusive

87% of our people feel their role makes a difference to patients and service users



We are always learning

85% of us have had an appraisal in the last 12 months



We are recognised and rewarded

72% of our people feel their immediate manager values our work



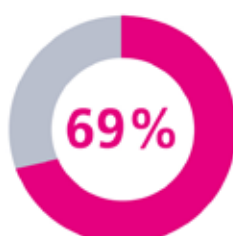
We are a team

82% of our people enjoy working with the colleagues in their team



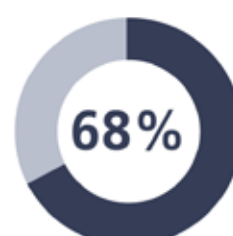
We each have a voice that counts (raising concerns)

70% of us feel secure in raising concerns about unsafe clinical practice and 90% of us feel trusted to do our job



We are safe and healthy

69% of our people say that they, or a colleague, reported when they experienced physical violence or harassment or bullying at work



We work flexibly

68% of us feel they can approach their immediate manager to talk openly about flexible working

We acknowledge that some scores relating to Staff Engagement are low although are improving. Colleagues have generally reported positively on the trust's action on health and wellbeing however we need to continue to ensure initiatives are well publicised to all our people, including our bank colleagues.

This year 35% of our bank colleagues completed the NHS Bank Staff Survey and the response rate was the second highest bank response nationally.

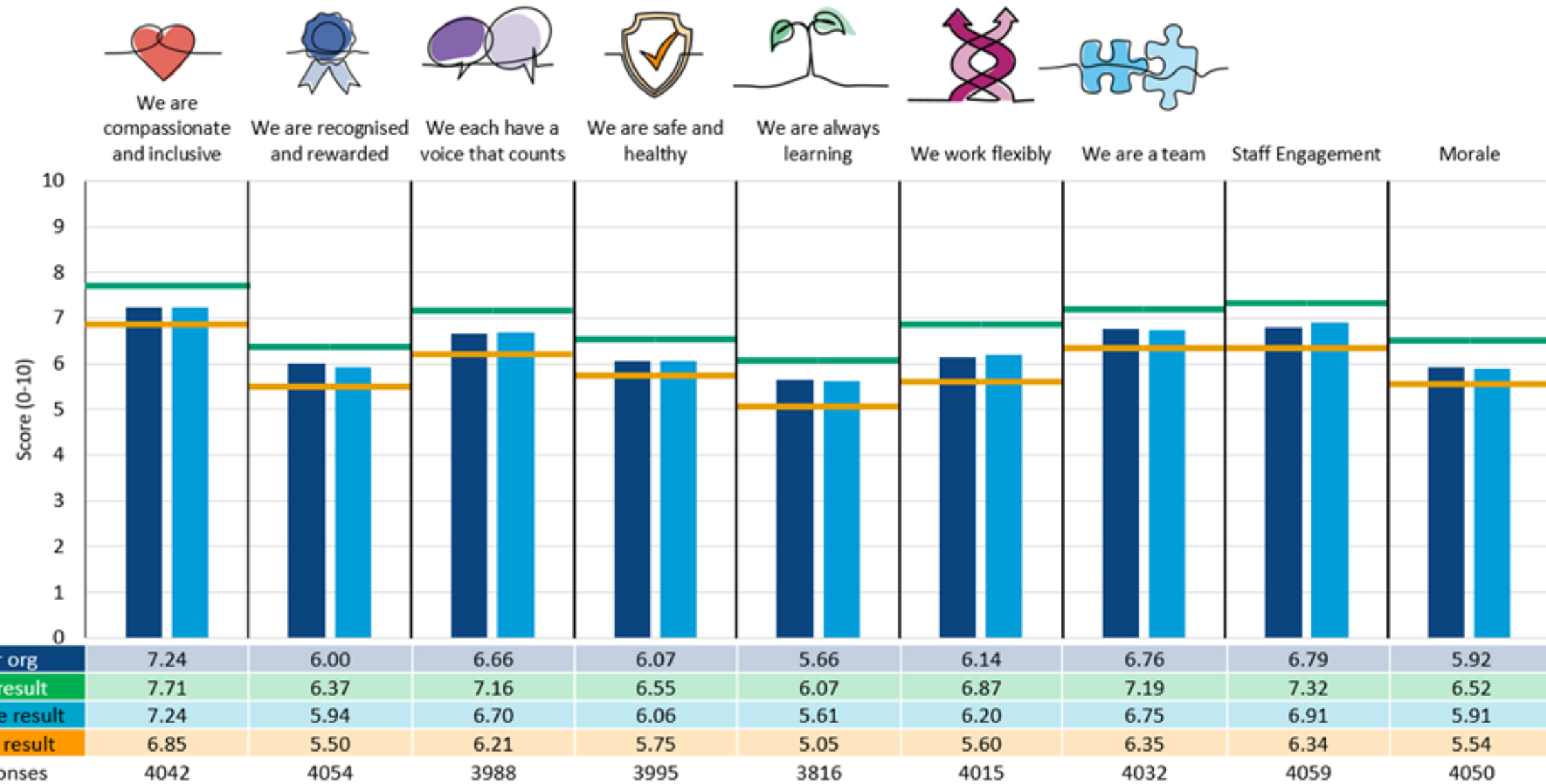
The results have shown that 86% of our bank people feel their role makes a difference to patients and service users and 92% of bank colleagues feel trusted to do their job. Results have also highlighted that we need to ensure that immediate managers actively listen to concerns raised by our bank people and explain the process of how their concern will be handled and treated seriously.

We know that some of our colleagues are more likely to experience discrimination and violence in the workplace and need to explore the number of our people who experience discrimination outside the traditional protected characteristics.

People Promise elements and themes: Overview

Survey
Coordination
Centre **NHS**

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Part 3 – Review of Quality Indicators and our Priorities for Improvement in 2023/24





Part 3.1 – Our Priorities for Improvement in 2023/24

The Trust identified three quality improvement priorities for 2023/24 to contribute towards the delivery of our Quality and Safety Strategy.

This section describes the significant work that has been undertaken at the trust to deliver on our quality improvement priorities over the past year, setting out how we will continue to work on delivering the aims of each of our improvement priorities and where there is still room for improvement to be made.

Quality Domain	Priorities for improvement 2023/24
Patient Safety	Implementing the Patient Safety Incident Response Framework (PSIRF)
Clinical Effectiveness	Reducing insulin prescription and administration errors
Patient Experience	End of Life Care

Implementing the Patient Safety Incident Response Framework (PSIRF)

Why was this chosen as a priority?

As part of the national Patient Safety Strategy that was introduced in 2019 (and updated in 2021), significant changes to the way in which patient safety incidents are responded to were outlined. One of the key changes included the implementation of PSIRF. PSIRF has multiple elements, and it is acknowledged nationally that it is likely to take time to implement. The trust will be continuously updating its PSIRF Plan and Policy over the next 18 months to ensure full clarity of systems and processes for staff. This was why this significant change to investigations/reviews of incidents/events was chosen as one of the priorities for 2023/2024.

What did we do in 2023/24?

The Patient Safety Team undertook training for Matrons/Senior Nurses and Managers from across all Divisions. We have encouraged and worked with the Trust's Learning and Development team to ensure appropriate access for all staff to undertake eLearning on MyLearn on patient safety level 1 and level 2 modules. The range of PSIRF templates were developed, as one or more can be used to review an incident/event to capture appropriately the learning and immediate and long-term actions/quality improvement for a service or services across the Trust.

A national learning tool has been introduced and will be utilised to capture the Trust's learning and how we are embedding this into the service/s across all Divisions and ensure a Just Culture and Learning ethos /culture at all times. The PSIRF Plan and Policy was completed and approved by the Quality & Safety Committee in September and the Trust Board in the October. The ICB gave their final approval to go live with PSIRF and cease to use the Serious Incident Framework 2015 on the 'go live' date for PSIRF.

The trust introduced PSIRF on the 20th November 2023. The PSIRF implementation plan phase 1 was completed and the second phase in implementing and embedding PSIRF has commenced.

The introduction and the embedding of PSIRF within the trust has started well. We are able to discuss 'teething' problems as they arise and ensure they are reviewed, and processes and systems strengthened accordingly. The development of a report that will reflect learning as captured on our learning tool is underway and we anticipate our first report by the end of April 2024. We have developed a master log for PSIRF so that we know where and by whom, which template is being used and to be completed by what date.

PSIRF is still at an early stage and will continue to be reviewed and developed over the next few months and years.

Our plan moving forward....

The trust Patient Safety Team will continue to embed PSIRF and work closely with all of the Divisions. We will monitor progress via the various PSIRF specific groups that are in place – namely the Weekly Patient Safety Summit, the PSIRF Review Group and the PSIRF Working Group. The PSIRF Plan, Policy, Implementation Plan phase 2 and review the completed PSIRF templates and the review and reporting of the learning tool that are in place. Patient safety reports will be further developed and produced monthly and quarterly for the learning, themes and trends and action/quality improvement work in place, underway or proposed. These reports will go for internal assurance to Trust Groups – Patient Safety and Quality group and Quality and safety Committee.

Monitoring discussions with the ICB will continue and work on areas that need wider collaboration will be shared at the ICB Sussex Patient Safety Specialist Forum. Eventually, with the recruitment of the trust Patient Safety Partners this will further support internal and external collaborative working and learning with other acute and community Trusts within the Sussex area and beyond across England.

Reducing insulin prescription and administration errors

Why was this chosen as a priority?

There are a consistently high number of insulin prescription and administration errors. This is both a medical and nursing responsibility (prescribing-medical and non-medical prescribers; administration-nursing). Medicine administration errors are the most frequent errors related to medications reported nationally and locally. Improvement in these areas presents an opportunity to detect and prevent an error before adversely affecting a patient/individual.

The National Diabetes Inpatient Audit (NaDIA, 10-17) in their published report in 2017 revealed:

- 31.3% medication errors across England, with the Trust recording 24.3% at Conquest and 35.5% at EDGH.
- 19% prescription errors across England, with 8.1% at Conquest and 19.4% at EDGH.
- 18.5% management errors across England, with 21.6% at Conquest and 19.4% at EDGH.
- 18.6% insulin errors across England, with 13.5% at Conquest and 19.4% at EDGH.
- 7.1% incidences of severe hypoglycaemia across England, with 4.4% at Conquest and 4.96% at EDGH

And the NaDIA Harms (2021) audit reported:

- 1.4% of inpatients with diabetes required hypoglycaemic rescue in the last 7 days.
- 3.6% with Type 1 diabetes had developed diabetic ketoacidosis (DKA) during their hospital stay.

Our aims

- Explore in depth why this might be and propose (actions):
- Increase uptake of the essential to role safe use of insulin training and re-introduction of the competency assessment tool to be demonstrated three yearly to support revalidation for midwives and RNs, and one yearly for Community Support Workers (CSW).
- Propose that the Safe Use of Insulin Training becomes a mandatory training requirement for nurses, midwives and doctors and this should be completed every 2 years, yearly for Community Support Workers who had training and competency assessments completed and are tasked to administer insulin.
- Encourage uptake of regular training for doctors joining the trust to attend the regular training sessions provided by the Diabetes Team on safe use and prescription of insulin.
- Inclusion of the Datix reports on insulin errors and hypoglycaemia on the governance meetings.
- Active participation to the Medicines Safety meetings at the trust
- Inclusion of insulin treated patients and hypoglycaemia incidences on the huddles.
- Early referral to the diabetes team of patients requiring diabetes management review.
- Continued participation to the national awareness campaign on insulin safety and hypoglycaemia.

This project would explore by stakeholder engagement with nurses and doctors why these errors occur and test interventions to improve using quality improvement methodology.

There are a wide range of errors that can occur in the process of prescription and administration of insulin, the diabetes team have included these subjects as critical elements of the training they provide.

These are:

- Wrong Time
- Wrong Patient
- Wrong Route
- Missed Dose
- Wrong Insulin
- Wrong insulin

The project would explore via a deep dive interrogation of the incidents and causes of these errors in the different settings (hospital and home for example) and test interventions within our control to reduce errors and risks to patients.

What did we do in 2023/24?

- We have increased uptake of the essential to role safe use of insulin training and are planning on the re-introduction of the competency assessment tool to be demonstrated three yearly to support revalidation for midwives and RNs, and one yearly for Community Support Workers (CSW).
- We are restarted face to face safe use of insulin training, in addition to the virtual training we have been providing during the COVID period.
- In terms of staff attendance to the safe use of insulin training, for 2021-2022 there were 86 staff who completed the training. For 2022-2023 there were 115 staff, and 2023-2024 there were 90 staff.
- The proposal for the Safe Use of Insulin Training in becoming a mandatory training requirement for nurses, midwives and doctors (completed every 2 years, yearly for Community Support Workers who had training and competency assessments completed and are tasked to administer insulin) has been included on the agenda for the trusts Education Steering Group meeting to be held on the 29th April 2024.
- We are still an essential part of the regular training for doctors joining the Trust. We have also been providing regular training/teaching sessions to staff in admissions unit including the Emergency Department, SDEC, AAU/AMU and SAU.
- We have been discussing the Datix reports on insulin errors and hypoglycaemia on the governance meetings.
- For Datix incidents, there has been a downward trend year on year, but a noticeable increase during the months of August and September, which coincides with the arrival of new medical staff- highlighting the importance of providing the training on safe insulin use as an essential, even mandatory part of their induction.
- We are also trying to understand where the incidents were happening and the emerging themes, so we can develop action plans to address these.
- We are trying to have active participation to the Medicines Safety meetings at the trust. This has been difficult due to already established clinical work clashing with the dates of the meetings, but this is being reviewed.
- We have been offering and providing ward based training for various departments/wards in the Trust (cross site)
- We have successfully revived the diabetes link nurse system, both for acute staff and community staff.
- Continued participation to the national awareness campaign on insulin safety and hypoglycaemia.

Our plan moving forward....

- We will continue to work very hard to ensure that effective strategies we utilised continue to become embedded in practice
- We will continue to gather feedback to improve the training we provide to the staff at the trust on the safe use of insulin to reduce further the incidents of insulin prescription and administration errors

End of Life Care

Why was this chosen as priority?

Open communication with patients approaching death can enable better, more personalised care focussing on what matters to them. In healthcare we need to enable clinicians to initiate and have honest conversations with people earlier in their end-of-life journey so they can make informed decisions about their own care and support. Open and honest discussions allow and enable people to develop personalised care and support plans that can be shared with others involved in their care, including those important to them to the extent that the person wishes.

The National Audit of Care at the End of Life (NACEL) focussed on the quality and outcomes of care experienced by dying patients and those closest to them during their last hospital admission throughout England and Wales. The trust participates annually in this audit, which monitored progress against NICE Quality Standard 144, including recognising that a person is nearing the end of their life, person centred communication and assessment of their needs and the needs of those closest to them. The four NACEL audits (2018 – 2022) has shown that often we recognise that a person is dying very late and that our staff do not feel confident in initiating open and honest conversations about death and dying. The overarching themes of EoLC complaints relate not to care, but to poor communication about deteriorating conditions, uncertainty around recovery, dying and death; and often the wishes of patients and those closest to them are not listened to.

Our aims

- Improve the quality of care for people at the end of life in acute hospitals.
- Improve communication about likely disease progression to allow realistic advance care planning discussions to occur
- Increase the opportunity to identify those patients who may benefit from early identification that they are entering their last year / days of life
- Ensure that the wishes of patients and those closest to them are taken into account, even if those wishes conflict with other local and national targets.
- Learn from complaints and incidents related to EoLC

How have we done?

National Audit of Care at End of Life (NACEL)

The trust has participated in four rounds of NACEL and our results are improving with the last round of NACEL seeing us scoring higher than the national average in most measures. While this is positive it is important to understand how we have performed and compare our own audit results over the years.

Areas of improvement have been:

- Recognising dying
- Discussing side effects of anticipatory medicines with families
- Assessment of hydration and nutrition
- Discussion of risks and benefits of hydration and nutrition, especially with family members
- Assessment of personal care needs
- Assessment of symptoms

But there continue to be areas requiring improvement:

- Starting an individualised care plan (NICE guidance)
- Regularly reviewing the individualised care plan because it was started too late
- Spiritual assessment
- Documenting preferred place of care / death
- Documentation of discussions with families about anticipatory prescribing
- Families feeling supported and being given all of the information they need

Anticipated deaths with an individualised care plan and ReSPECT

	Jan-24	Feb-24	Mar-24
Number of ESHT in-hospital deaths	183	197	168
Number of anticipated deaths (as recorded on the verification of death form)	146	164	134
% of in-hospital deaths that were anticipated	80%	83%	80%
Number of anticipated deaths on 'Last Days of Life Careplan'.	116	143	109
% of anticipated deaths on 'Last Days of Life Careplan'	79%	87%	81%
Number of anticipated paediatric deaths (as recorded on the verification of death form)	0	0	0
Number of deaths with a RESPECT form	168	188	155

While NACEL demonstrates that there has been an improvement in recognising that a person is dying, figures exploring the percentage of anticipated deaths and the percentage of anticipated deaths on an individualised care plan remains lower than expected. As a minimum we would want 85% of deaths to be anticipated and 85% of these anticipated deaths to be on an individualised care plan. The number of anticipated deaths was not achieved this quarter, and the expected number of anticipated deaths on an individualised care plan was only achieved in February.

Not all patients who die have a ReSPECT form but we would expect all patients we anticipate as dying to have one, from the above figures it is impossible to determine if all anticipated deaths had a ReSPECT form in place.

Audit of Quality of ReSPECT forms

A clinical audit of the quality of ReSPECT forms was repeated in October 2023. The audit data suggests that ReSPECT Forms (RFs) in the trust are primarily being used to document DNACPR decisions and consequently RFs are not being used to their full potential in guiding personalised care.

In terms of compliance to national standards, the trust is good at completing the basics of a RF: adequate legibility, complete patient demographics, health summary, clinical recommendations, DNACPR decisions, and the details of clinician who wrote the form. However, although these sections are being completed, there is room to improve the quality of information included.

For example, whilst 98% of the RFs had something written in the summary of information section, almost a third (32%) of this information was regarded as poor. This was because clinicians simply listed medical conditions (not all of them relevant) and used acronyms that other members of the health multidisciplinary team may be unfamiliar with. Only 12% of RFs met the criteria for an excellent summary of information, making this is a clear area for improvement.

The same picture is reflected in the clinical recommendation section of the RF. Whilst 93% of clinicians are writing a clinical recommendation, 13% of these recommendations were judged poor and only 28% excellent. Furthermore, only 48% of RFs had recommendations that would be useful to a community practitioner if the patient was discharged from hospital. The RF is meant to be a tool for patient care across all areas of healthcare, not just hospital treatment.

There were some outstanding RFs which had clearly involved the patient and attempted to make truly personalised plans. However, these were the exceptions. This is well illustrated by the fact only 28% of RFs listed the patients preferred name: indicating that patients had not been fully engaged with the ReSPECT discussion. Indeed, it was felt that less than half (48%) of RFs had any evidence of patient involvement in the RF process – despite the fact 61% of RFs said patients had capacity to be involved with the process.

A major area for improvement is the emergency contact section of the form. Only 33% of forms had the full details of an emergency contact. In cases where patients lack capacity, only 33% of RFs had evidence an emergency contact was involved in planning. This is particularly worrying as when patients lack capacity, those closest to them should be consulted to get a sense of what mattered most to a patient. In such situations it is also important to inform the family about clinical decisions made about the relative, as per past legal precedent.

An action plan is now being developed to improve completion of RFs.

Learning from Complaints and Incidents

There have been three complaints related to EOLC all are currently being investigated. The first complaint is from a family raising multiple concerns about the care the patient received, poor communication with family and aggressive discharge planning. The second complaint relates to the identified cause of death of a patient; the family feel he died as a result of head injury following an unwitnessed fall, rather than his chronic medical condition. The final complaint is from a family who have raised a concern that their relative was not properly laid out when they attended the ward after death.

There have been 49 incidents reported related to EOLC, 70% of these related to pressure sores developed either in the patient's own home or during a hospital admission. Patients at end of life are particularly vulnerable to skin breakdown for reasons including frailty, reduced mobility and reduced or poor nutrition. 12% of incidents were related to medication errors, these included prescribing errors, lack of anticipatory prescribing, medication miscounts and lack of stock in patients homes. The remaining incidents were related to other incidents including falls, poor discharge information, inappropriate use of an ambulance and poor communication. All have been investigated and lessons learnt have been shared with the divisions the incident occurred in.



Feedback from bereaved families

Bereavement surveys are no longer sent out but following each death the medical examiner contacts family members to discuss the death and provide an opportunity for expression of any worries or concerns. It is hoped in the future that feedback from these discussions can be collated.

Bereaved families have commented that the open and honest conversations with the Medical Examiner team as well as an increased level of transparency following a death has been welcomed. It has allowed them to ask questions to a single point of contact.

The Trust participates every year in the National Audit of Care at End of Life (NACEL) as part of this bereaved relatives are encouraged to complete a 'quality survey' about their experiences of their loved ones dying in the acute hospital setting. This survey runs for the whole calendar year. There were no responses received in Q4.



Part 3.2 – Review of our Quality Indicators

Amended regulations from NHS England require trusts to include a core set of quality indicators in the Quality Account.

The Trust's performance for the applicable quality indicators is set out below.

Patient Safety Indicators

Percentage of admitted patients' risk-assessed for Venous Thromboembolism (VTE)

The trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

The percentage of patients aged 16 and over admitted in the year who were assessed for risk of VTE on admission to hospital 2023/24 the trust achieved 88% compliance.

Rate of C. Difficile Infection

Mandatory surveillance of healthcare associated infection

The trust considers that this data is as described because the trust has robust data quality assurance processes in place.

The NHS Standard Contract 2023/24 includes quality requirements for NHS trusts and NHS foundation trusts to minimise rates of both *Clostridioides difficile* (C. difficile) and of Gram-negative bloodstream infections to threshold levels set by NHS England.

Trust thresholds

Trusts are required under the NHS Standard Contract 2023/24 to minimise rates of both *C. difficile* and of Gram-negative bloodstream infections so that they are no higher than the threshold levels set by NHS England.

***Clostridioides difficile* Infection**

Since April 2017, reporting trusts have been asked to provide information on whether patients with *C. difficile* had been admitted to the reporting trust within the three months prior to the onset of the current case.

Table 1: The six prior healthcare exposure groups for *C. difficile*

Prior healthcare exposure group	Definition
Hospital-onset healthcare associated (HOHA)	Specimen date is ≥ 3 days after the current admission date (where day of admission is day 1)
Community-onset healthcare associated (COHA)	Is not categorised HOHA and the patient was most recently discharged from the same reporting trust in the 28 days prior to the specimen date (where day 1 is the specimen date)
Community-onset, indeterminate association (COIA)	Is not categorised HOHA and the patient was most recently discharged from the same reporting trust between 29 and 84 days prior to the specimen date (where day 1 is the specimen date)
Community-onset, community associated (COCA)	Is not categorised HOHA and the patient has not been discharged from the same reporting organisation in the 84 days prior to the specimen date (where day 1 is the specimen date)
Unknown	The reporting trust answered 'Don't know' to the question regarding previous discharge in the 3 months prior to the case

Gram-negative bloodstream infections

From April 2020, reporting trusts were asked to provide information on whether patients with Gram-negative bloodstream infections had been admitted to the reporting trust within one month prior to the onset of the current case.

Table 2: The five prior healthcare exposure groups for Gram-negative bloodstream infections

Prior healthcare exposure group	Definition
Hospital-onset healthcare associated (HOHA)	Specimen date is ≥ 3 days after the current admission date (where day of admission is day 1)
Community-onset healthcare associated (COHA)	Is not categorised HOHA and the patient was most recently discharged from the same reporting trust in the 28 days prior to the specimen date (where day 1 is the specimen date)
Community-onset, community associated (COCA)	Is not categorised HOHA and the patient has not been discharged from the same reporting organisation in the 28 days prior to the specimen date (where day 1 is the specimen date)
Unknown	The reporting trust answered 'Don't know' to the question regarding previous discharge in the month prior to the case
No information	The reporting trust did not provide any answers to questions on prior admission

Baseline period

All thresholds are derived from a baseline of the 12 months ending November 2021 or November 2022 and the final threshold selected is the lowest of the two.

Trust-level thresholds comprise total healthcare-associated cases (i.e., HOHA and COHA). The pandemic has resulted in greater variation in bed days; therefore thresholds have been reported as cases instead of rates per 100,000 bed days.

Performance

East Sussex Healthcare NHS Trust	Case thresholds for 2023/24	Actual Cases reported for 2023/24		
Organism		Total	HOHA	COHA
C. difficile (CDI)	57	69	41	28
E. coli	77	113	53	60
Pseudomonas	12	20	12	8
Klebsiella sp.	35	49	23	26

Source: The trust 23/24 data is from the UKHSA Healthcare Acquired Infections (HCAI) Data Capture System. All other data is from NHS Digital. At the time of writing this report the annual 23/24 surveillance report had not been published.

The annual surveillance report for 2023/24 has yet to be published so the 2023/24 data has been taken from the data capture system and is subject to slight variation.

A total of 69 cases of CDI were attributed to the trust for 2023/24 which is higher than the threshold. For 2023/24 we have reported 69 cases against a limit of 57. 41 hospital onset healthcare associated (from 41 patients) and 28 community onset healthcare associated infections (from 24 patients).

UKHSA commentary for 2022-2023 noted a 10year high in reported CDI of 27.6 per 100,000 bed days, and that "increases are driven by both hospital and community-onset cases, though the trend appears notably steeper in the hospital-onset category". The trust reported 93 cases of CDI for 2022-23 and has since focused on a recovery plan aimed at changing antimicrobial prescribing practice on the wards with higher CDI risk. In real terms there has been a significant reduction in hospital onset cases in the past year from 74 in 2022-23 to 41 in 2023-24 and it appears we are returning to similar number of cases seen in previous years.

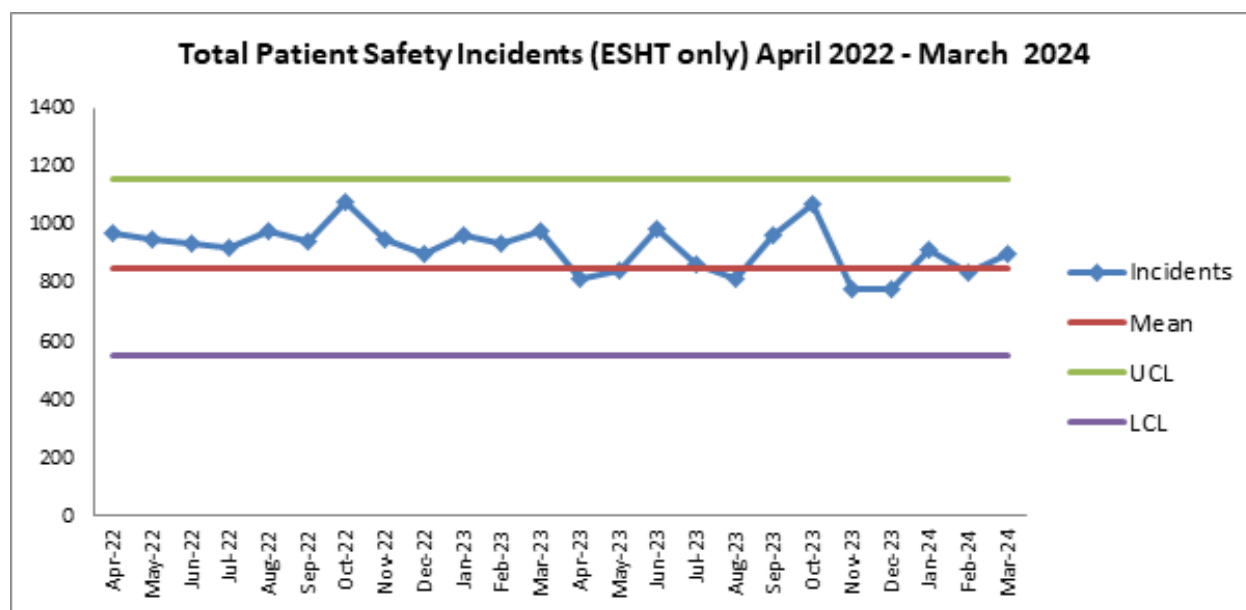
Rapid post infection review as part of implementing PSIRF, has been undertaken on the hospital onset cases and we have sought collaboration with the ICB to understand COHA cases. All cases have been sent for ribotyping to assist with detecting outbreak and there is one case that may be a result of cross infection.

Further work is needed to positively influence antimicrobial prescribing and gain insight into how increased frailty and deconditioning impacts on healthcare associated infection. Since the reporting algorithm has changed to include a prior healthcare exposure element for community onset cases it has been much more challenging to reduce infection cases. Infections of CDI and gram negative bacteraemias diagnosed within 48hrs of admission (community onset infections) are now attributed to the acute trust and classed as community onset healthcare associated (COHA); if the patient has been coded as an inpatient in the previous 4 weeks. Prior healthcare exposure now includes attendance for planned day case care and attendance at emergency assessment units – (even if this is a few hours). In future, care provided in virtual wards will also be considered part of the acute trust.

Rate of patient safety incidents reported per 1,000 admissions and the proportion of patient safety incidents they have reported that resulted in severe harm or death

The National Reporting and Learning System (NRLS) ceased to function in the summer of 2023. Learning from Patient Safety Events (LfPSE) is currently being introduced across the NHS and is a new national service for the recording and analysis of patient safety events that occur in healthcare.

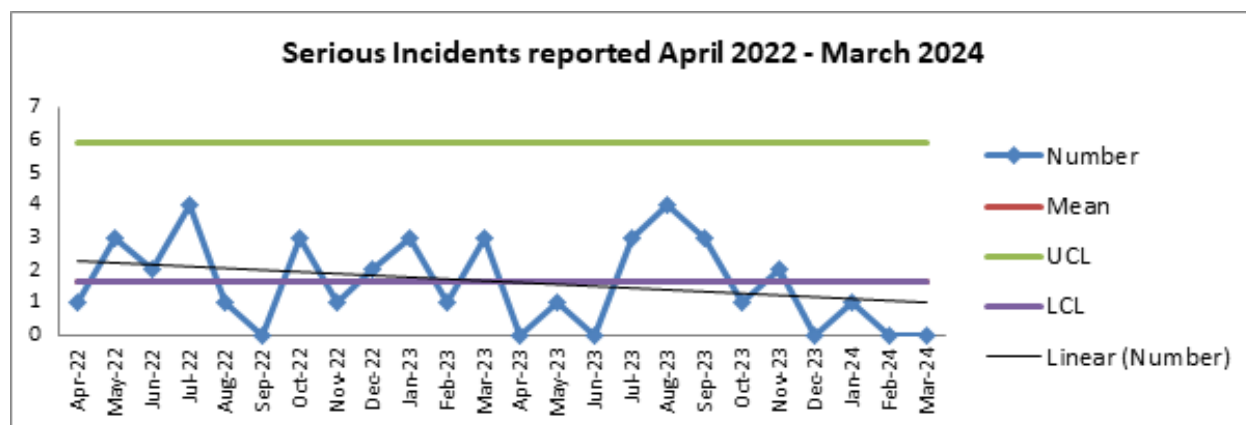
The trust reporting of incidents with no harm/near miss is 71% or higher consistently month on month. The percentage achieved remains on par with the national rate of 71%. This percentage does highlight a Trust that is demonstrating a good and consistent reporting culture.

Table 1 - Total Incidents only from April 2022 - March 2024

The graph indicates a series of months where the incident totals are above previous months. This is due to the increased reporting and activity following the Covid-19 pandemic and has now returned to a level similar to pre-pandemic.

The trust has the following systems and processes in place to improve the number and rate of incidents reported, which will have a positive impact on the quality-of-service delivery:

- The management of investigation of incidents/events is centralised and is embedded in the Trust with an ongoing improvement in the quality of investigations, reviews, learning and quality improvement.
- The introduction and embedding of the new Patient Safety Incident Framework (PSIRF) are all managed in accordance with national legislation timescales.
- Progress of any incidents/events utilising the new PSIRF templates is monitored by the Trust Patient Safety Team, the Weekly Patient Safety Summit and the PSIRF Review Group.
- Actions resulting from PSIRF templates are monitored with updates on the number of outstanding provided to the Patient Safety and Quality Group monthly. All outstanding Ambers and SI actions are also being monitored until completion.
- In November 2023 the Serious Incident Framework (SIF) was stopped and the new framework, PSIRF was commenced on the 20th November 2023 whereby no further SIs or Amber Reports were reported. PSII's, Thematic Reviews and other PSIRF compliant templates have started to be used for Patient Safety Events.

Table 2 – Serious Incidents

The graph shows a decline in the number of severity 4 and 5 incidents reported. This is due to reduction in Covid-19 cases and the number of serious incidents is now similar to pre-pandemic levels. In November 2023, PSRIF was introduced, and no SIs have been reported. The graph above does show that in January, 2 SIs were raised, but these are maternity incidents and are currently being investigated by the MNSI (formerly HSIB).

Clinical Effectiveness Quality Indicators

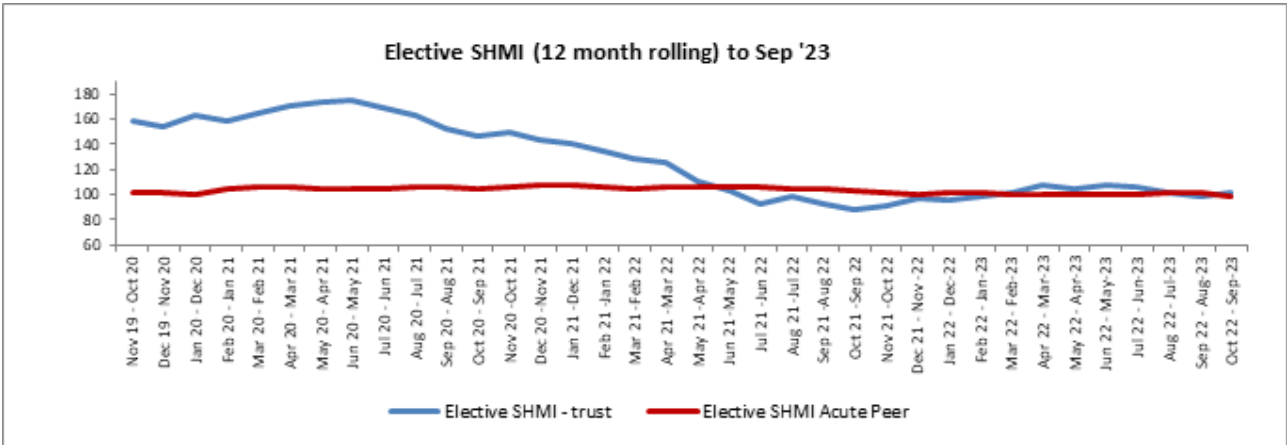
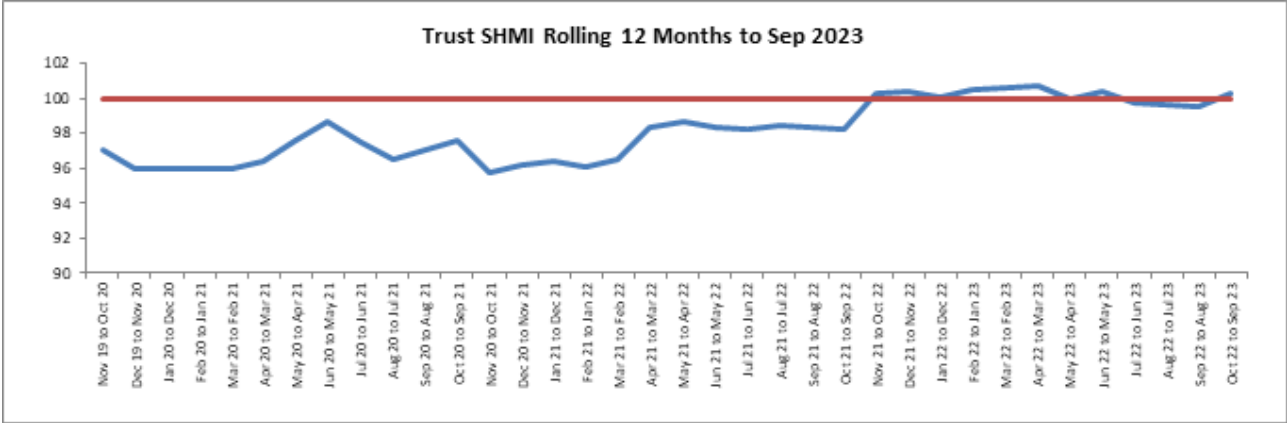
Summary Hospital-level Mortality Indicator (SHMI) Risk Adjusted Mortality Index (RAMI)

The trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

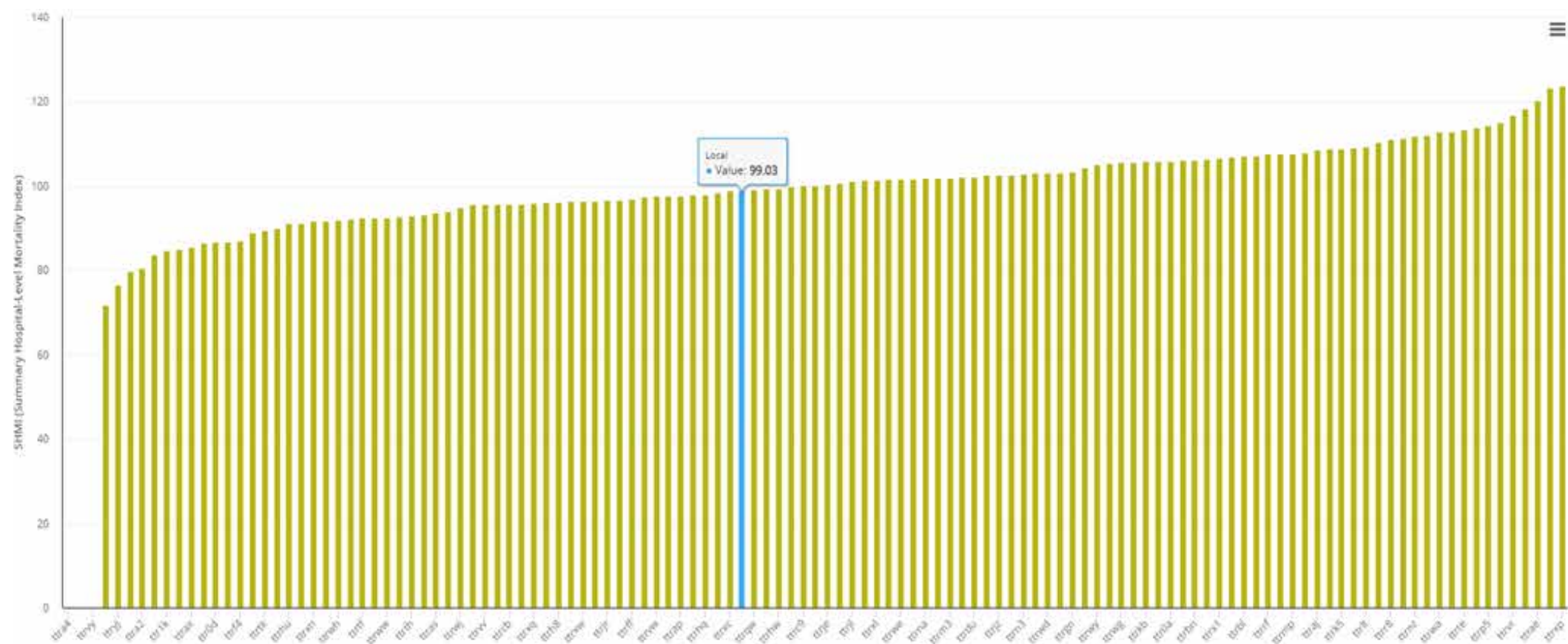
SHMI is one of several statistical mortality indicators used to monitor the quality of care provided by the Trust. We also look at the Hospital Standardised Mortality Ratio (HSMR) and the Risk Adjusted Mortality Indicator (RAMI), as well as crude death rates and associated local metrics.

Indicator	ESHT Jan 17 - Dec 17	ESHT Jan 18 - Dec 18	ESHT Jan 19 - Dec 19	ESHT Jan 20 - Dec 20	ESHT Jan 21- Dec 21	ESHT Dec 21-Nov 22	ESHT Dec 22-Nov 23
SHMI value	1.04	0.97	0.97	0.96	0.96	1.00	0.99
Banding	2 (as expected)	2 (as expected)	2 (as expected)	2 (as expected)	2 (as expected)	2 (as expected)	2 (as expected)
% of patient deaths with palliative care coding	22.7	32	35	38	42	42	46

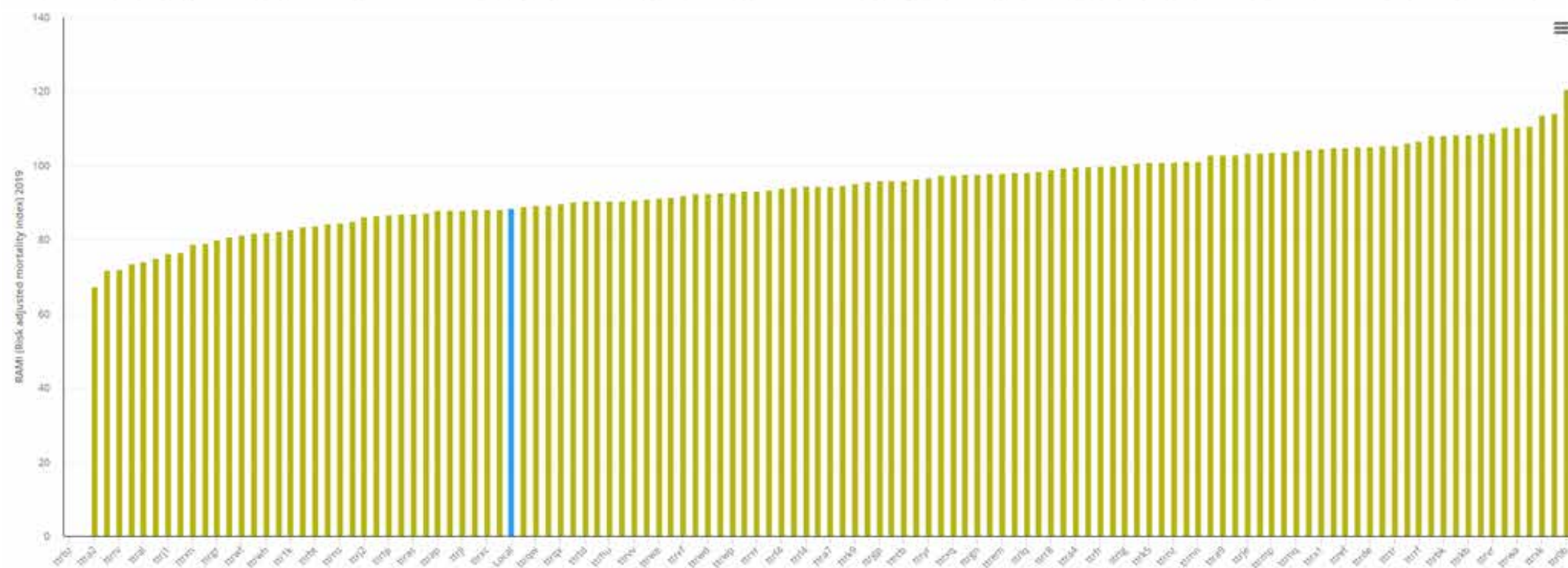
Source: NHS Digital



SHMI in comparison with other Trusts



RAMI in comparison with other Trusts





The trust has taken the following actions during 2023-24, to improve mortality and the quality of its services:

- Improved consultant staffing in our emergency units and acute medicine departments so we can provide optimum care when patients are acutely ill, with consultant presence on Medical Assessment Units (AAU, AMU) every day for around 12 hours.
- Produced standards of care for assessment and treatment of acute admissions, to improve patient safety, timely diagnosis, effective streaming to appropriate specialties.
- Increased the number of doctors resident at night.
- Strengthened provision of Same Day Emergency care (SDEC), with units open on both sites, 7 days a week, taking patients from Emergency Department and allowing more rapid senior input throughout the week.
- Maintained focus on the recognition and rapid treatment of Sepsis and Acute Kidney injury (AKI).
- Provided timely senior decision making at ward level through multi-disciplinary daily board rounds, led by the consultants.
- Improved handover for acute teams using NerveCentre for handover, task allocation, and patient tracking.
- Extended the use of NerveCentre, incorporating more parameters, to identify patients whose observations are deteriorating. The system is used to record and share the information ensuring clinicians have full visibility of a patient's observations and can respond at the earliest opportunity.
- Rockwood frailty scoring is now standard in the adult gateway areas and is incorporated in NerveCentre and the paper admission notes (IPD).

- Further rolled out Electronic Prescribing (EPMA) across the acute hospital inpatient wards, along with an accompanying training programme. This increases the accuracy and safety of medication prescribing and administration.
- Overview of Trust mortality indicators is provided by the monthly Mortality Review Group, reporting to the Clinical Outcome Group (COG) which is chaired by the Chief Medical Officer. The group also drives improvement in a number of workstreams to improve outcomes for patients.
- The quality of mortality reviews is monitored monthly.
- The programme of specialty mortality and morbidity (M&M) meetings has been strengthened, following a period, during the main waves of covid-19, in which these were somewhat less regular.
- In depth reviews are carried out, using the Structured Judgement Review methodology (recommended by the Royal College of Physicians) in cases referred to the Coroner, and for deaths in patients with learning disability, to support the regional Learning Disability Mortality Review Programme (LeDeR) review system.
- Deep dives into mortality associated with elective admissions and into post-operative infections, stroke and MI mortality.
- A weekly Patient Safety Forum, chaired by the Medical Director and Chief Nurse, reviews incidents reported on the Datix clinical incident system, determining the level of investigation, to maximise learning from these.
- Learning from deaths and from clinical incidents is shared across Divisions, specialties, and wards.
- Wards hold regular safety huddles, promoting awareness of patient safety issues and disseminating learning.
- An additional quarterly review group (Mortality Review Audit Group) reviews the case notes of all deaths graded by Medical Examiners as having poor quality of care, deaths involving serious clinical incidents, complaints, and people with learning disability.
- The independent Medical Examiner system is now well established, providing independent review of all deaths.
- The Trust Board is sighted on our mortality performance with formal quarterly reporting of "Learning from Deaths", which includes the number of avoidable deaths and regular updates on indices such as SHMI, RAMI and HSMR.
- Work is ongoing improving clinical coding of patient information to ensure mortality indicators are based on accurate clinical information.

Staff and Patient Experience Indicators

Percentage of staff who would recommend the Trust as a provider of care to friends or family

We are compassionate and inclusive

Compassionate culture

People Promise 1, Subscore 1 - Compassionate culture

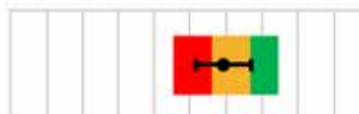
Org.
Score

Sector
Score

RAG
Rating

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

25c. I would recommend my organisation as a place to work.



59.2%

61.2%

●

25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



63.6%

65.2%

●

25c. I would recommend my organisation as a place to work.

	2022		2023		Comparator	
Strongly disagree	207	6.1%	169	4.2%	12,378	4.8%
Disagree	366	10.8%	369	9.2%	24,335	9.4%
Neither agree nor disagree	954	28.0%	1,102	27.5%	63,916	24.6%
Agree	1,469	43.2%	1,782	44.4%	114,257	44.1%
Strongly agree	408	12.0%	592	14.7%	44,453	17.1%
Missing	49		57		2,378	
Positive Score		55.1%		59.1%		61.2%
Negative Score		16.8%		13.4%		14.2%
Base		3,404		4,014		259,339

25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

	2022		2023		Comparator	
Strongly disagree	114	3.4%	104	2.6%	8,671	3.3%
Disagree	332	9.8%	342	8.5%	20,836	8.0%
Neither agree nor disagree	934	27.5%	1,018	25.4%	60,640	23.4%
Agree	1,622	47.8%	1,964	49.0%	124,375	48.0%
Strongly agree	392	11.5%	584	14.6%	44,571	17.2%
Missing	59		59		2,624	
Positive Score		59.3%		63.5%		65.2%
Negative Score		13.1%		11.1%		11.4%
Base		3,394		4,012		259,093

- Created an accountability framework for divisions to utilise in order to ensure that their staff survey action plans remain focused, relevant and on track.
- Planned focused groups led by the engagement team in June and July 2023 with representatives from divisions where hot spot areas had been identified.
- Continue to use the People Pulse results as a source of intelligence and temperature test to inform and signpost to areas for improvement in staff working life, wellbeing, conditions, and work environment.
- Retention annual programme of work developed with 12 workstreams, informed by exit data, feedback from areas of high turnover and a trust wide retention survey.
- Continue to focus on the elements of NHS People Promise and the Trust's People strategy, incorporating Wellbeing and Retention strategic objectives.
- The organisation development team have been working with forty bespoke team interventions.
- In addition to the base load programme of strategic work and leadership courses that are offered on an ongoing basis, sixteen civility sessions have been facilitated and eight new coaching clients have been added to the current coaching and mentoring service.
- There has also been support for three cultural reviews for major services across the organisation.
- Wellbeing team have achieved Bronze accreditation with ESCC Wellbeing at work.
- Wellbeing programme developed with self-care resources, informed by wellbeing listening events held throughout the year.
- Occupational Health attained national SEQOHS accreditation (Safe Effective Quality Occupational Health Service)
- Partnership Forum and Forum Partners pivotal in developing new trust values.
- New Trust Values agreed following widespread consultation with our people. Launched in April 2024.
- Development of people metrics for corporate IPR with contributions from People Engagement & Wellbeing Team, Organisational Development and Culture and wider specialist HR services.

Responsiveness to inpatients' personal needs

East Sussex Healthcare NHS Trust considers that this data is as described because the Trust has robust data quality assurance processes in place.

Indicator	ESHT 2021	ESHT 2022
"care and treatment"	7.9	8.3

*CQC National Inpatient survey was published in September 2023.

This survey is comparable with previous surveys as the questions remained the same. Eligibility to take part in the survey was if the patient stayed in hospital for at least one night during November 2022 and were aged 16 years or over at the time of their stay.

The trusts response rate for this survey was 43%, an increase of 1% vs. the 2021 Adult Inpatient Survey.

Change since 2021

Average score: 75.1% (decrease of 0.5% from 2021).

When comparing results, there is a reduction in 10 questions scoring worse by 5% in 2022.

	2021	2022
Better by 5% or more	2 questions	0 questions
Less than 5% change	40 questions	49 questions
Worse by 5% or more	12 questions	2 questions
Better by 5% or more	2 questions	0 questions

The two questions which scored worse by 5% or more when compared with the 2021 survey were (both questions featured in the bottom 20% of Trusts in the national comparison):

- Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital? (2021 score= 81.4%, 2022 score=67.5%)
- Q34. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital? (2021 score = 71.7%, 2022 score= 58.3%)

National Comparisons

Each Trust is assigned one of five bands according to their overall performance across the survey: The trust is "middle 60%".

The table below categorises the number of questions which scored in the top 20%, middle 60% and bottom 20% of Trusts. When comparing the trust results nationally, there is an increase of five questions that feature in the top 20% of Trusts and a reduction in 12 questions that feature in the bottom 20% of Trusts.

	2021	2022
Top 20% of Trusts	2 questions	7 questions
Middle 60% of Trusts	26 questions	39 questions
Bottom 20% of Trusts	19 questions	7 questions

Themes of the questions which featured in the top 20% of Trusts (2022) were:

- Food (assistance with meals and availability)
- Privacy when being treated
- Staff availability to meet patient needs
- Staff asked about additional equipment needed when leaving hospital
- Patients were asked to give their view on the quality of care

Seven questions which scored in the bottom 20% of Trusts (2022) were:

- Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?
- Q18. When doctors spoke about your care in front of you, were you included in the conversation?
- Q25. How much information about your condition or treatment was given to you?
- Q31. Beforehand, how well did hospital staff answer your questions about the operation or procedure?
- Q32. After the operation or procedure, how well did hospital staff explain how the operation or procedure had gone?

- Q34. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?
- Q46. Thinking about any medicine you were to take at home, were you given any of the following:
I was given medicine but no information

Overall, this report is positive with fewer questions scoring worse by 5% or more and in the bottom 20% of Trusts.

Patient feedback and performance against standards are monitored and reported on through divisional Integrated Performance Reviews, such as communication, discharge and waiting times (against standards and themes of complaints/ concerns).

There are still areas for improvements with the questions which scored in the bottom 20% of Trusts (this includes the two questions which scored worse by 5%). The Trust's Head of Patient Experience has created an action plan to address these questions.

The Inpatient survey is a Trust wide survey, we are not able to identify areas where responses came from; this action plan will be shared with operational leads and there will be shared ownership for completion and themes arising from patient feedback will be monitored.

This report has been shared widely throughout the trust.

Annexes

Annex 1: Statements from the Commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

Statement from Commissioners

Thank you for giving NHS Sussex ICB the opportunity to comment on your Quality Account for 2023/24. We appreciate the ongoing collaborative working and open communication with the Trust, in particular with the Trust's senior clinicians at the quarterly Quality Review Meetings and internal ESHT quality meetings which NHS Sussex are invited to attend.



NHS Sussex has reviewed the Quality Account for 2023/24 and consider it to be a fair and accurate reflection of the Trust's performance during the year. NHS Sussex acknowledge the continued improvement in key areas in 2023/24, notably:

- Continued focus on safe insulin administration with improved uptake of the Safe Use of Insulin training (which includes regular training for doctors joining the Trust and regular sessions for staff in admissions units.) It is positive to see that related incidents reported on Datix have shown a downward trend year on year. NHS Sussex acknowledge there is an increase of incidents noted in the months of August and September 2023, coinciding with the arrival of new medical staff, which the regular training targeted at this cohort aims to improve.
- Participation in four rounds of National Audit of Care at End of Life (NACEL) demonstrating the Trust's results are improving. The most recent round of NACEL identified that ESHT is scoring higher than the national average in most measures.
- Implementation of the Patient Safety Incident Response Framework (PSRIF) and plans to update the Trust's PSIRF Plan and Policy over the next 18 months ensuring there is clarity of systems and processes.

NHS Sussex is supportive of your three strategic improvement priorities, noting the range of wider improvement projects planned during the 2024/25 year, including:

- Safe administration/prescribing of Paracetamol
- Reducing the number of rejected pathology samples
- Improving the quality of decision making for people who lack capacity.

NHS Sussex acknowledges the detailed work that underpins these priorities and will continue to seek assurance regarding progress of implementation throughout the year via established assurance processes.

My colleagues and I look forward to the continued collaborative working with the team at ESHT and wider system partners in the future.

Yours sincerely,

Allison Cannon
Chief Nursing Officer
On behalf of NHS Sussex

Statement from Healthwatch East Sussex

As the independent voice for patients, Healthwatch East Sussex is committed to ensuring the public are involved in the improvement and development of health and social care services.



East Sussex Healthcare NHS Trust (ESHT) is responsible for the Conquest Hospital and the Eastbourne District General Hospital (EDGH). It is also responsible for three community hospitals in Bexhill, Rye and Uckfield. In addition, it delivers services in the community focussing on people with long term conditions.

Healthwatch East Sussex has reviewed the performance of ESHT over the last 12 months based on its Quality Account. We have done this through a 'patient lens', focusing on user experience, safety and performance.

As has been well documented, the NHS faced significant pressures during the last financial year. Despite this, the Trust highlights achievements, including:

- Progress made on the construction of the Sussex Surgical Centre at EDGH and notes that it is due to open in 2025.
- The opening of a new Community Diagnostic Centre at Bexhill. Healthwatch visited the centre and sought feedback from patients all of which was generally positive.
- The opening of a refurbished cardiac catheterisation lab at EDGH thanks to a donation of £400,000 from the Friends of EDGH.
- The harnessing of information technology, in particular with provision of a virtual ward, the digitalisation of the Trust's pathology service, offering 3-D tours of the Trust's Special Care Baby Unit to support parents, and participation in the MIDI national research programme to develop AI to identify brain abnormalities and injuries.
- Reducing nearly to zero the number of patients waiting over 65 weeks for planned care interventions.
- Progress made in improving the speed of access to urgent care – meeting the 76% target set by NHS England in March 2024.

We welcome the Trust's commitment to collaborating with others to provide better services for people, whether through Provider Collaboratives or Integrated Community Teams. Similarly, the Trust's Partnership Forum which draws together staff from across the Trust in order to improve care is a positive initiative.

Healthwatch East Sussex notes the progress made in relation to the three priorities for improvement for 2023/24 and the commitment to carry on work to improve in these areas.

It was concerning to read the overall message in relation to the SAMBA 2023 audit that provides a snapshot of the care provided for acutely unwell medical patients in the UK over a 24 hour period – namely that performance against all key quality indicators whilst higher than for SAMBA 2022 remained lower than that seen previously. Acute care services face on-going pressures, and careful consideration of how clinical quality and efficient patient pathways can be maintained is needed. It was also disappointing to see that whilst some progress has been made in relation to the effectiveness of ReSPECT documentation in the Early Care setting, much more progress is needed in order to meet the clinical standard. It is also note that the Trust is not meeting the clinical standard for Venous Thromboembolic Prophylaxis.

It will be re-assuring to patients and local people that throughout 2023-24:

- the independent regulator of health and social care (the Care Quality Commission or CQC) has taken no enforcement action against ESHT, although in February 2023 the Trust was fined £4,000 for a breach following a previously reported serious incident.
- The CQC ratings for all services in 2020 were Good or Outstanding. Following an inspection of maternity services by CQC in October 2022 an action plan was put in place and actions have been progressing positively.
- the Trust met all standards of the Data Security and Protection Toolkit for 2022/23. The next deadline for submitting data is June 2024.

Healthwatch East Sussex welcomes the three priorities for improvement in 2024/25 namely the safe administration of paracetamol, reducing the number of rejected pathology samples and improving the quality of decision making for people who lack capacity. However, we note the description given by ESHT of the challenges faced by the Trust – “people are waiting too long to get necessary or effective interventions – this is probably the biggest detriment to quality of care in our system alongside people spending too long in hospital beds when having support at home would be much better and prevent deterioration”. It is not clear how the priorities identified by ESHT will address this challenge.

Over the next 12 months we will seek to maintain a constructive, and critical friend relationship with the Trust, in particular in relation to patient experience of using virtual wards; the accessibility and patient wait times across its service portfolio; and looked after children’s experience of the Annual Health Assessment with the Specialist Nurse Service.

Riona Doidge
Head of Volunteering and Engagement

Statement from East Sussex Health Overview and Scrutiny Committee (HOSC)

Thank you for providing the East Sussex Health Overview and Scrutiny Committee (HOSC) with the opportunity to comment on your Trust's draft Quality Report 2023/24.



The HOSC recognises much of the Trust's efforts over the past year will have been focussed on maintaining its high standards of care whilst dealing with pressures in the healthcare system, workforce issues and the recent industrial action. The Committee, therefore, welcomes the success ESHT has achieved in 2023/24, despite the considerable pressures placed on it.

In particular, the Committee is pleased to hear of successful recruitment work and is reassured to see the reduction in the staff vacancy rate from 9% in February 2023 to 4.5% in February 2024. Dedicated work in retention has resulted in a continuous fall in staff turnover, so that in February 2024 it stood at its lowest level since September 2021, and the HOSC also notes the continued positive work on staff support programmes. While these are positive developments, the Committee would hope that recruitment and retention remain a priority for the Trust in the coming year, noting that staffing challenges led to the closure of the Eastbourne Midwifery Unit earlier this year.

HOSC has invited ESHT to attend all its meetings over the past year to look at various issues, including changes made to paediatric services at Eastbourne District General Hospital (EDGH), the Building for our Future programme, and the healthcare system's winter plan. The Committee thanks those Trust officers and clinicians who gave their time to attend.

The changes to paediatric services at EDGH were scrutinised by a HOSC review board, whose findings and recommendations were reported to the HOSC in March 2024 following the initial implementation of some of the changes in January 2024. The Committee thanks the Trust for its response to the recommendations of the review board and looks forward to continued engagement on the issue as the impact of the changes are monitored and the Trust works to ensure the new service model can be sustainably staffed. Having early engagement with the Trust on future service changes also remains important to the Committee's positive progress.

Quality Priorities

The 2023/24 priorities for improvement focussed on implementing the Patient Safety Incident Response Framework, reducing insulin prescription and administration errors and End of Life Care. The Committee is pleased to see that progress has been made in each of these areas and that the Trust is working to embed those changes. In particular, HOSC welcomes the continued work on End of Life Care as it is an important and sensitive area of care. The HOSC welcomes the Trust's high levels of the participation in national clinical audits (98%) and national confidential enquiries (100%). The Committee also notes the Trust's participation in 45 clinical studies and is pleased to see that engagement with research has become a Trust priority as it has the potential to benefit patient care. Progress made against the action plan developed in response to the CQC inspection of Maternity Services in October 2022 is welcome, although the HOSC considers that the Quality Account would benefit from having more detail on this positive progress.

The HOSC notes that at the time of writing the draft Quality Account does not contain information about Learning from Deaths and this is to follow. The Committee would wish to see the inclusion of this information and the actions to be taken going forward in the final version of the Quality Account report.

The Committee notes the Priorities for Improvement in 2024/25 and is supportive of the Trust's patient centred approach to improving services in chosen priority areas.

The Committee looks forward to continuing to work with the Trust during the coming year on areas that are of interest to the residents of East Sussex.

Councillor Christine Robinson
Vice Chair
Health Overview and Scrutiny Committee

Annex 2: Statement of Directors' responsibilities in respect of the Quality Accounts

The Directors are required, under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

- In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:
- The Quality Account presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable; conforms to specified data quality standards and prescribed definitions; is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Joe Chadwick-Bell Chief Executive



Date 27/06/2024

Steve Phoenix Chairman



Date 27/06/2024

Appendix 1 – National Clinical Audit and National Confidential Enquiries Programme

National clinical audits and national confidential enquiries we were eligible to participate in during 2023/24.

*National IBD Audit – The Trust agreed to cease participation in this national audit in 2019, due to significant and ongoing resource issues.

National Confidential Enquiries	ESHT Eligible	ESHT Participation
Maternal, newborn and infant and perinatal mortality (MBRRACE- UK) (and all applicable studies)	Y	Y
Child Health Clinical Outcome Review Programme (and all applicable studies) and Mortality Database	Y	Y
NCEPOD – Juvenile Idiopathic Arthritis	Y	Y
NCEPOD - Testicular torsion	Y	Y
NCEPOD – Community Acquired Pneumonia	Y	Y
NCEPOD – Crohns Disease	Y	Y
NCEPOD – End of Life Care	Y	Y
NCEPOD – Endometriosis	Y	Y
NCEPOD – Epilepsy	Y	Y
NCEPOD – Rehabilitation following critical illness	Y	Y
National Clinical Audit	ESHT Eligible	ESHT Participation
National Comparative Audit of Blood Transfusion - Audit of NICE Quality Standard QS138	Y	Y
National Comparative Audit of Blood Transfusion – Bedside Transfusion Audit	Y	Y
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Y	Y
National Audit of Seizures and Epilepsies in Children & Young People (Epilepsy 12)	Y	Y
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis	Y	Y
National Maternity and Perinatal Audit (NMPA)	Y	Y
Neonatal Intensive and Special Care (NNAP)	Y	Y
Adult Critical Care Audit (Case mix programme - ICNARC)	Y	Y
Falls and Fragility Fractures Audit Programme (FFFAP) – Fracture Liaison Service Database	Y	Y

FFFAP – Inpatient Falls	Y	Y
FFFAP – National Hip Fracture Database	Y	Y
National Joint Registry (NJR)	Y	Y
National Gastrointestinal Cancer Audit Programme – Bowel Cancer	Y	Y
National Gastrointestinal Cancer Audit Programme – Oesophago Gastric Cancer	Y	Y
National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	Y	Y
National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	Y	Y
National Prostate Cancer Audit	Y	Y
National Lung Cancer Audit (NLCA)	Y	Y
Major Trauma (TARN)	Y	Y
National Audit of Coronary Angioplasty / PCI	Y	Y
Cardiac Rhythm Management (CRM)	Y	Y
National Joint Registry (NJR)	Y	Y
National Gastrointestinal Cancer Audit Programme – Bowel Cancer	Y	Y
National Gastrointestinal Cancer Audit Programme – Oesophago Gastric Cancer	Y	Y
National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	Y	Y
National Heart Failure Audit	Y	Y
Acute Coronary Syndrome / Acute MI Audit (MINAP)	Y	Y
National Audit of Cardiac Rehabilitation	Y	Y
National Cardiac Arrest Audit (NCAA)	Y	Y
National Inflammatory Bowel Disease Programme*	Y	N
National Emergency Laparotomy Audit (NELA)	Y	Y
Elective Surgery (National PROMs Programme)	Y	Y
National Paediatric Diabetes Audit (NPDA)	Y	Y
National Pregnancy in Diabetes (NPID) Audit	Y	Y
National Diabetes Inpatient Safety Audit	Y	Y
National Diabetes Foot Care Audit (NDFA)	Y	Y
National Diabetes Adult Audit	Y	Y
National Diabetes Audit Integrated Specialist Survey	Y	Y
National Ophthalmology Database (Adult Cataract Audit)	Y	Y
Perioperative Quality Improvement Programme	Y	Y
Stroke National Audit (SSNAP)	Y	Y
Learning Disability Mortality Review Programme (LEDER)	Y	Y
Adult Respiratory Support Audit	Y	Y

National COPD Audit Programme - Pulmonary Rehabilitation	Y	Y
National COPD Audit Programme – COPD in Secondary Care	Y	Y
National COPD Audit Programme – Adult Asthma	Y	Y
National COPD Audit Programme – Paediatric Asthma	Y	Y
Society for Acute Medicine's Benchmarking Audit (SAMBA)	Y	Y
Care of Older People	Y	Y
Mental Health and Self Harm	Y	Y
National Audit of Dementia (NAD) - Care in general hospitals	Y	Y
National Audit of Care at the End of Life (NACEL)	Y	Y
BAUS Nephrostomy Audit	Y	Y
British Hernia Society Registry	Y	Y
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	Y	Y

Appendix 2 – Participation in Mandatory Clinical Audits

The national clinical audits and national confidential enquiries that East Sussex Healthcare NHS Trust participated in, and for which data collection was completed during 2023/24, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Title	Number of Cases submitted	% Submitted of those required
National Audit of Dementia (NAD) - Care in general hospitals	EDGH – 40 CONQUEST - 40	100% (all required data submitted)
National Adult Diabetes Audit	Trust - 16850	100% (all required data submitted)
National Pregnancy in Diabetes Audit	EDGH – 9 CONQUEST - 14	100% (all required data submitted)
National Paediatric Diabetes Audit	Trust - 196	100% (all required data submitted)
National Comparative Audit of Blood Transfusion - Audit of NICE Quality Standard QS138	EDGH – 20 CONQUEST - 26	100% (all required data submitted)
Adult Respiratory Support Audit	EDGH – 0 CONQUEST - 6	100% (all required data submitted)
Society for Acute Medicine's Benchmarking Audit (SAMBA)	EDGH - 56 CONQUEST - 42	100% (all required data submitted)
Winter Society for Acute Medicine Benchmarking Audit (SAMBA)	EDGH - 64 CONQUEST - 42	100% (all required data submitted)
BAUS Nephrostomy Audit	Trust – 18	100% (all required data submitted)
Testicular Torsion (NCEPOD)	6 x Clinical Questionnaires 6 x Case notes 2 x Organisational Questionnaires	100% (all required data submitted)
End of Life Care (NCEPOD)	12 x Clinical Questionnaires 12 x Case notes	100% (all required data submitted)
Juvenile Idiopathic Arthritis (NCEPOD)	12 x Clinical Questionnaires 12 x Case notes 2 x Organisational Questionnaires	100% (all required data submitted)

Glossary

Acute Kidney Injury

Acute Kidney Injury (AKI) is sudden damage to the kidneys that causes them to not work properly. It can range from minor loss of kidney function to complete kidney failure.

Aerosol Generating Procedures

This is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

Ambulatory Emergency Care

Ambulatory Emergency Care (AEC) is the provision of same-day emergency care for patients who would otherwise be considered for emergency admission.

Amniotic Fluid Embolism

This is a very uncommon childbirth emergency in which the amniotic fluid (the fluid that surrounds the baby in the uterus during pregnancy) enters the bloodstream of the mother and triggers a serious reaction.

Anti-thrombin in Pregnancy

Anti-thrombin (AT) is a natural anti-coagulant (prevents blood clots) which plays a potentially important role in whether women who develop thromboembolism (an obstruction of a blood vessel by a blood clot) during pregnancy. Multiple reports have documented an association between inherited deficiency of AT and an increased rate of venous (vein) thromboembolism.

After Action Reviews (AARs)

A tool used to debrief a project or event to understand what took place, why it happened the way it did, and how to improve on it. When used correctly, it can highlight areas of strength or concern in your project and team

BAME

Umbrella term used to describe non-white ethnicities

Care Quality Commission (CQC)

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations.

Visit: www.cqc.org.uk

Centor Criteria

This is a clinical scoring tool which may be used to identify the likelihood of a bacterial infection in children complaining of a sore throat.

CHKS

CHKS is a provider of healthcare intelligence and quality improvement services. This includes hospital benchmarking and performance information to support decision making and improvement.

Cirrhosis in Pregnancy

Cirrhosis is defined as permanent scarring of the liver as a result of continuous long-term damage. Some small studies have suggested that there is an increased incidence of adverse maternal and perinatal outcomes in women with cirrhosis.

Clinical Audit

Clinical Audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

Clostridium difficile or C. difficile / C.diff

Clostridium difficile (also known as 'C. difficile' or 'C. diff') is a gram-positive bacteria causing diarrhoea and other intestinal disease when competing bacteria in a patient or person's gut are wiped out by antibiotics.

C. difficile infection can range in severity from asymptomatic to severe and life-threatening, especially among the elderly.

Commissioning for Quality and Innovation (CQUIN)

High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Computerised Tomography (CT) scan

This is a test that uses x-rays and a computer to create detailed pictures of the inside of the body. It takes pictures from different angles. The computer puts them together to make a 3-dimensional (3D) image.

COVID-19

The term used to refer to the disease caused by SARS-CoV-2, the coronavirus that emerged in December 2019. Visit: www.dh.gov.uk/en/

Culture

Learned attitudes, beliefs and values that define a group or groups of people.

Data Quality

Ensuring that the data used by the organisation is accurate, timely and informative.

Data Security and Protection Toolkit (DSPT)

The Data Security and Protections Toolkit (DSPT) is an online performance tool developed by NHS Digital to support organisations to measure their performance against the National Data Guardian's data security standards.

Datix/DatixWeb

On 1st January 2013 the trust introduced electronic incident reporting software known as DatixWeb. Incidents are reported directly onto the system by any employee of the organisation, about incidents or near misses occurring to patients, employees, contractors, members of the public. The data provided by DatixWeb assists the organisation to trend the types of incidents that occur, for learning lessons as to why they occur and to ensure that these risks are minimised or even eliminated by the action plans that we put in place. DatixWeb is also used to comply with national and local reporting requirements.

Department of Health (DOH)

The Department of Health is a department of the UK government but with responsibility for government policy for England alone on health, social care and the NHS.

Deteriorating patient

A patient whose observations indicate that their condition is getting worse.

Diabetic Ketoacidosis in Pregnancy

This is an infrequent complication of pre-gestational or gestational diabetes mellitus during pregnancy (high blood sugar levels that develops during pregnancy).

Discharge

The point at which a patient leaves hospital to return home or be transferred to another service or, the formal conclusion of a service provided to a person who uses services.

Division

A group of clinical specialties managed within a management structure. Each has a clinical lead, nursing lead and general manager.

Duty of Candour (DoC)

Regulation 20 is a direct response to recommendation 181 of the Francis Inquiry report into Mid Staffordshire NHS Foundation Trust, which recommended that a statutory duty of candour be introduced for health and care providers. This is further to the contractual requirement for candour for NHS bodies in the standard contract, and professional requirements for candour in the practice of a regulated activity. In interpreting the regulation on the duty of candour we use the definitions of openness, transparency and candour used by Robert Francis in his report:

- Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered
- Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators

Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it

DOLS (Deprivation of Liberty Safeguards)

The procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

Excellence in Care (EIC)

Excellence in Care framework is to provide one source of robust data to enable clinical teams within the divisions to review, analyse and understand their performance against a range of metrics which align with national guidance and local policy. This will enable areas for improvement to be identified and the resource to monitor consistency in care delivery with a reduction in unwarranted variation

Electronic Prescribing and Medicines Administration (ePMA)

ePMA is a web-based system which will replace the traditional paper medication charts

eTriage System

Digital triage solution for NHS Emergency Departments and Urgent Treatment Centres, developed by clinicians. eTriage was designed to automatically check-in and prioritise (triage) patients upon arrival based on clinical need.

FeverPAIN criteria

This is a clinical scoring tool which may be used to identify the likelihood of a bacterial infection in children complaining of a sore throat.

Fontan

This refers to women with fontan circulation which is a congenital heart defect/condition.

Friends and Family Test (FFT)

The NHS Friends and Family Test (FFT)

were created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give their views after receiving care or treatment.

General Medical Council (GMC)

The General Medical Council (GMC) is an organisation which maintains the official record of medical practitioners. The GMC also regulates doctors, set standards, investigate complaints.

Glasgow Coma Scale

This is a tool used to assess and calculate a patient's level of consciousness. The range is from 3 (lowest) to 15 (highest). A score of 15 is considered normal and fully conscious.

Guardians of Safe Working Hours (GOSWH)

GOSWHs champion safe working hours for junior doctors. The roles are independent from the Trust management structure and are supported by the British Medical Association (BMA) to:

- Act as champions for safe working hours for junior doctors and students
- Support exception reporting, monitoring and resolving rota gaps
- Oversee compliance with the safeguards set out under the Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016.

Healthwatch

Healthwatch is the independent consumer champion created to gather and represent the views of the public on issues relating to health and social care. Healthwatch plays a role at both a national and local level, ensuring that the views of the public and people who use services are taken into account.

Hospital Episode Statistics

Hospital Episode Statistics is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere.

Hospital Standardised Mortality Ratio (HSMR)

Hospital Standardised Mortality Ratio (HSMR) is an indicator of whether death rates are higher or lower than would be expected.

Integrated Performance Review (IPR)

Meeting attended by members of Trust board, senior leads from the division, Finance, HR, Knowledge Management

ICNARC

The Intensive Care National Audit and Research Centre.

Integrated Care Board (ICB)

A statutory body responsible for local NHS services, functions, performance and budgets. It is directly accountable to the NHS and is made up of local NHS trusts, primary care providers, and local authorities

Key Performance Indicators (KPIs)

Key Performance Indicators, also known as KPIs, help an organisation define and measure progress towards organisational goals. Once an organisation has analysed its mission, identified all its stakeholders, and defined its goals, it needs a way to measure progress towards those goals. Key Performance Indicators are those measurements. Performance measures such as length of stay, mortality rates, readmission rates and day case rates can be analysed.

Lumbar Puncture

A procedure performed in the lumbar region (lower back). A needle is inserted between 2 lumbar bones to remove a sample of cerebrospinal fluid. This is the fluid that surrounds the brain and spinal cord to protect them from injury.

Methicillin Resistant Staphylococcus Aureus (MRSA)

MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections.

Methicillin Sensitive Staphylococcus Aureus (MSSA)

MSSA is a type of bacteria that is not resistant to antibiotics.

Mothers and Babies Reducing Risk through Audits and Confidential Enquiries (MBRRACE) UK

The Confidential Enquiry into Maternal Deaths is a national programme investigating maternal deaths in the UK and Ireland. Since June 2012, the CEMD has been carried out by the MBRRACE-UK collaboration, commissioned by the Healthcare Quality Improvement Partnership.

Multidisciplinary

Multidisciplinary describes something that combines multiple medical disciplines. For example, a 'Multidisciplinary Team' is a group of professionals from one or more clinical disciplines who together make decisions regarding the recommended treatment of individual patients.

National Audit of Dementia

The National Audit of Dementia is commissioned on behalf of NHS England and the Welsh Government. They measure the performance of general hospitals against standards relating to delivery of care which are known to impact people with dementia while in hospital. The standards are from national and professional guidance, including NICE Quality Standards and guidance, the Dementia Friendly Hospitals charter and reports from the Alzheimer's Society, Age Concern and Royal Colleges. National Clinical Audit Patient Outcomes Programme (NCAPOP) Set of national clinical audits, registries and confidential enquiries which measure healthcare practice on specific conditions against accepted standards. These projects give healthcare providers' benchmarked reports on their performance, with the aim of improving the care provided.

National Confidential Enquiry into Patient Outcome and Death – NCEPOD

reviews clinical practice and identifies potentially remediable factors in the practice of anaesthesia and surgical and medical treatment. Its purpose is to assist in maintaining and improving standards of medical and surgical care for the benefit of the public. It does this by reviewing the management of patients and undertaking confidential surveys and research, the results of which are published. Trust clinicians participate in national enquiries and review the published reports to make sure any recommendations are put in place.

National Institute for Health and Clinical excellence (NICE)

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. Visit: www.nice.org.uk

NerveCentre

A digital system that creates a live bed state to support bed management and patient flow.
NHS Digita

NHS Digital

Formerly the Health and Social Care Information Centre (HSCIC), NHS Digital is the national provider of information, data, IT infrastructure and systems to the health and social care system.

NHS England (NHSE) and NHS Improvement (NHSI)

From 1st April 2019 NHS England and NHS Improvement begun working together as a single organisation, designed to better support the NHS to deliver improved care for patients and support delivery of the NHS Long Term Plan.

Ofsted

Ofsted is the Office for Standards in Education, Children's Services and Skills. We inspect services providing education and skills for learners of all ages. We also inspect and regulate services that care for children and young people

Patient Reported Outcome Measures (PROMs)

All NHS patients having hip or knee replacement, varicose vein surgery or groin hernia surgery are invited to fill in a PROMS questionnaire. The questionnaire's aim is to find out about the patients' health and quality of life, before and after the operation. This enables hospitals to measure their success and make improvements supported by feedback from patients on the reported outcomes of their surgical intervention and compare themselves to other Trusts nationally.

Peripartum Hyponatraemia

Hyponatraemia occurs when the levels of sodium in the blood are low which can result in excessive levels of water in the body. Very little is known about the occurrence of this in late pregnancy.

Personal Protective Equipment (PPE)

This is a term used for any equipment that will protect the user against health and safety risks at work. It helps to prevent injury or infection.

Polymerase Chain Reaction (PCR)

This is a technique used to 'amplify' small segments of DNA. The DNA can then be used in many different laboratory procedures e.g. to identify bacteria or viruses.

Pressure ulcers

Pressure ulcers develop when a large amount of pressure is applied to an area of skin over a short period of time, or they can occur when less force is applied but over a longer period of time.

Protein C Deficiency in pregnancy

Protein C is a natural anticoagulant (blood thinner). Women with protein C deficiency have a higher risk of developing clots both during and after pregnancy. It may also increase the risk for miscarriages in the early and late terms of pregnancy.

Providers

Providers are the organisations that provide NHS services, e.g. NHS trusts and their private or voluntary sector equivalents.

Public Health England (PHE)

Public Health England (PHE) is an executive agency of the Department of Health and Social Care. PHE provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support.

Perinatal Mortality Review Tool (PMRT)

A collaboration led by MBRRACE-UK has been appointed by the Healthcare Quality Improvement Partnership (HQIP) to develop and establish a national standardised Perinatal Mortality Review Tool (PMRT) building on the work of the DH/Sands Perinatal Mortality Review 'Task and Finish Group'.

The PMRT has been designed with user and parent involvement to support high quality standardised perinatal reviews on the principle of 'review once, review well'.

PSIRF Patient Safety Incident Response Framework

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Research

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health or both.

Risk Adjusted Mortality Indicator (RAMI)

The Risk Adjusted Mortality Indicator (RAMI) is a mortality rate that is adjusted for predicted risk of death. It is usually used to observe and/or compare the performance of certain institution(s) or person(s), e.g. hospitals or surgeons.

Root Cause Analysis (RCA)

RCA is a method of problem solving that tries to identify the root causes of faults or problems that cause operating events. RCA practice tries to solve problems by attempting to identify and correct the root causes of events, as opposed to simply addressing their symptoms. By focusing correction on root causes, problem recurrence can be prevented.

Rupture of Membranes

This is when the amniotic sac which surrounds the baby break at the start of labour. Rupture of the membranes is known colloquially as "breaking the water" or as one's "water breaking".

ReSPECT

Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.

Rockwood score

Scoring Frailty in people with dementia, the degree of dementia. Common symptoms in mid dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal

Schwartz Round

This is a forum where all staff can come together regularly to discuss the emotional and social aspect of working in healthcare.

Secondary Uses Service (SUS)

The single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support NHS in the delivery of healthcare services.

Sepsis

The body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure and death.

Serious Incident (SI)

A Serious Incident is an incident or accident involving a patient, a member of NHS staff (including those working in the community), or member of the public who face either the risk of, or experience actual, serious injury, major permanent harm or unexpected death in hospital, other health service premises or other premises where healthcare is provided. It may also include incidents where the actions of health service staff are likely to cause significant public concern.

Speak Up Guardian

A person who supports staff to raise concerns.

SPINE

NHS Spine is the digital central point allowing key NHS online services and allowing the exchange of information across local and national NHS systems.

StEIS

National Strategic Executive Information database which captures serious incidents reported by NHS organisations.

Strategy

A high-level plan of action designed to achieve long term or overall aims.

Summary Hospital-level Mortality Indicator (SHMI)

SHMI is a hospital-level indicator which measures whether mortality associated with hospitalisation is in line with expectations. The SHMI value is the ratio of observed deaths in a Trust over a period of time divided by the expected number given the characteristics of patients treated by that Trust (where 1.0 represents the national average). Depending on the SMHI value, Trusts are banded between 1 and 3 to indicate whether their SMI is low (3), average (2) or high (1) compare to other Trusts. SHMI is not an absolute measure of quality. However, it is a useful indicator for supporting organisations to ensure they properly understand their mortality rates across each and every service line they provide.

Surgical Site Infection

An infection that occurs after surgery in the part of the body where the surgery was performed.

Surgical Site Infection Surveillance Service (SSISS)

The Surgical Site Infection Surveillance Service (SSISS) helps hospitals across England record and follow-up incidents of infection after surgery, and use these results to benchmark, review and change practice as necessary.

Supportive and Palliative Care Indicators Tool (SPICT)

Identify people with deteriorating health due to advanced conditions or a serious illness and prompts holistic assessment and future care planning.

Treatment Escalation Plan (TEP)

A communication tool that provides the opportunity for patients, doctors and nurses to come to an agreement on the overall plan of care. It gives guidelines on what treatments the patient would like to receive should their condition get worse

Trust Board

The Trust Board is accountable for setting the strategic direction of the Trust, monitoring performance against objectives, ensuring high standards of corporate governance, and helping to promote links between the Trust and the community.

Trauma Risk Management (TRiM)

TRiM is a means of supporting staff following a Potentially Traumatic Experience (PTE)

UK Obstetric Surveillance System (UKOSS)

The UK Obstetric Surveillance System is a national system established to study a range of rare disorders of pregnancy, including severe near-miss maternal morbidity.

Venous Thromboembolism (VTE)

Blood has a mechanism that normally forms a 'plug' or clot to stop the bleeding when an injury has occurred, for example, a cut to the skin. Sometimes the blood's clotting mechanism goes wrong and forms a blood clot when there has been no injury. When this happens inside a blood vessel, the blood clot is called a thrombus. When the blood clot is deep inside one of the veins in the body, most commonly in the leg, it is called deep vein thrombosis (DVT). If the blood clot comes loose it can travel through the bloodstream to the lungs. This is called pulmonary embolism and it can be fatal. DVT and pulmonary embolism together are known as venous thromboembolism.

VitalPAC

Is a mobile clinical system that monitors and analyses patients' vital signs to identify deteriorating conditions and provide risk scores to trigger the need for further necessary care. It removes the need for paper charts and manages scheduled observations based on clinical need.

Virtual Wards

Virtual wards allow patients who are acutely unwell to get the care they need at home safely and conveniently, rather than being in hospital.

In a virtual ward, new technology such as wearable devices, oxygen and blood pressure monitors along with apps, are available where necessary to provide real-time information on people's vital signs

VOICE

National Survey of bereaved people, collects information on bereaved people's views on the quality of care provided to a friend or relative in the last 3 months of life, for England.



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